

8/18/2021

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

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2021 AUG 18 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
PKY Baldwin Point Operator, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

Please keep file date 8-18-2021

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PK Y Baldwin Point Operator, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC" or "L.L.C.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(F.L.I. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S. to determine penalty liability)

5. 800 N. Magnolia Avenue
(Street Address of Principal Office)

6. 800 N. Magnolia Avenue
(Mailing Address)

Suite 1625

Suite 1625

Orlando, FL 32803

Orlando, FL 32803

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>James R. Heistand</u> | <input type="checkbox"/> Manager | Name: <u>Scott E. Francis</u> |
| <input type="checkbox"/> Member | Address: <u>800 N. Magnolia Ave.</u> | <input type="checkbox"/> Member | Address: <u>800 N. Magnolia Ave.</u> |
| <input type="checkbox"/> Authorized | <u>Suite 1625</u> | <input type="checkbox"/> Authorized | <u>Suite 1625</u> |
| Person | <u>Orlando, FL 32803</u> | Person | <u>Orlando, FL 32803</u> |
| <input checked="" type="checkbox"/> Other <u>CEO</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>President & CFO</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>A. Noni Holmes-Kidd</u> | <input type="checkbox"/> Manager | Name: <u>John Kosciuszko</u> |
| <input type="checkbox"/> Member | Address: <u>800 N. Magnolia Ave.</u> | <input type="checkbox"/> Member | Address: <u>800 N. Magnolia Ave.</u> |
| <input type="checkbox"/> Authorized | <u>Suite 1625</u> | <input type="checkbox"/> Authorized | <u>Suite 1625</u> |
| Person | <u>Orlando, FL 32803</u> | Person | <u>Orlando, FL 32803</u> |
| <input checked="" type="checkbox"/> Other <u>SVP, Chief Admin. Officer & GC</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>SVP & Chief Acct. Officer</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

A. Noni Holmes-Kidd

Signature of an authorized person

A. Noni Holmes-Kidd, SVP, Chief Administrative Officer and
General Counsel

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PKY BALDWIN POINT OPERATOR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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2021 AUG 18 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FL




Jeffrey W. Bullock, Secretary of State

6170565 8300

SR# 20213005329

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203941666

Date: 08-17-21