

9/20/21, 3:19 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 07272000036  
Phone : (407)843-4600  
Fax Number : (786)901-8020  
Attn: Tami D. Passley

**\*\*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  
FOF Carroll Owner, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FOF Carroll Owner, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

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

3. 87-2707502  
(FEI number, if applicable)

4. Upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 420 S. Orange Avenue  
(Street Address of Principal Office)

Suite 400

Orlando, Florida 32801

6. 420 S. Orange Avenue  
(Mailing Address)

Suite 400

Orlando, Florida 32801

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

FILED  
21 SEP 20 PM 12:37  
TALLAHASSEE, FLORIDA

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.

Lauren Kreatz, Vice President /s/ Lauren Kreatz

(Registered agent's signature)

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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Foundry Owners' Fund I, LP  
☒ Member Address: 420 S. Orange Avenue  
☐ Authorized Suite 400  
Person Orlando, Florida 32801  
☐ Other ☐ Other

☐ Manager Name: Jonathan Balthrop  
☐ Member Address: 420 S. Orange Avenue  
☐ Authorized Suite 400  
Person Orlando, Florida 32801  
☒ Other Vice President ☐ Other

☐ Manager Name: Rayanne Charles  
☐ Member Address: 420 S. Orange Avenue  
☐ Authorized Suite 400  
Person Orlando, Florida 32801  
☒ Other Secretary ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Pryse Elam  
☐ Member Address: 420 S. Orange Avenue  
☐ Authorized Suite 400  
Person Orlando, Florida 32801  
☒ Other President ☐ Other

☐ Manager Name: James Wells  
☐ Member Address: 420 S. Orange Avenue  
☐ Authorized Suite 400  
Person Orlando, Florida 32801  
☒ Other Vice President ☐ Other

☐ Manager Name: David Auld  
☐ Member Address: 420 S. Orange Avenue  
☐ Authorized Suite 400  
Person Orlando, Florida 32801  
☒ Other Vice President ☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Kevin R. Maddron

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FOF CARROLL OWNER, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2021.

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



6237730 8300

SR# 20213284611

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204195696

Date: 09-20-21



215 NORTH EOLA DR  
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809  
ORLANDO, FLORIDA 3202-2809

TEL: 407-843-4600 / FAX: 407-843-4444

[www.lowndes-law.com](http://www.lowndes-law.com)

**From:** Name: Passley, Tami  
Fax Number: 407-843-4444

**To:** Name:  
Company:  
Fax Number: 1-850-617-6381

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**Subject:**  
FOF Carroll Owner, LLC

**Comments:**

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*Thank you.*