

Division of Corporations

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Florida Department of State
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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)290-3338
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2021 OCT 18 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL
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2021 OCT 18 PM 3:43
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
GVI/GC Bradenton Pine Haven Owner, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

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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. GVI/GC Bradenton Pine Haven 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. (TIN number, if applicable)

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

5. 900 North Michigan Avenue, Suite 1450 (Street Address of Principal Office) 6. c/o GEM Realty Capital, Inc (Mailing Address) 900 North Michigan Avenue, Suite 1450 Chicago, Illinois 60611 Chicago, Illinois 60611

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)

FILED 2021 OCT 18 AM 11:13 SEC. OF STATE TALLAHASSEE, FL

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) by Kaity Toon, Asst. Sect.

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: Manager **Name:** Dary A. Mullin
 c/o GEM Realty Capital, Inc
 900 North Michigan Avenue, Suite 1450
 Chicago, IL 60611

Member **Address:** Chicago, IL 60611

Authorized **Signatory** _____
 Person _____

Other _____ Other _____

Title or Capacity: Manager **Name:** Henry S. Gelfer
 c/o GEM Realty Capital, Inc
 900 North Michigan Avenue, Suite 1450
 Chicago, IL 60611

Member **Address:** Chicago, IL 60611

Authorized **Signatory** _____
 Person _____

Other _____ Other _____

Manager **Name:** Michael A. Elrad
 c/o GEM Realty Capital, Inc
 900 North Michigan Avenue, Suite 1450
 Chicago, IL 60611

Member **Address:** Chicago, IL 60611

Authorized **Signatory** _____
 Person _____

Other _____ Other _____

Manager **Name:** Craig R. Carfagna
 c/o GEM Realty Capital, Inc
 900 North Michigan Avenue, Suite 1450
 Chicago, IL 60611

Member **Address:** Chicago, IL 60611

Authorized **Signatory** _____
 Person _____

Other _____ Other _____

Manager **Name:** Jonathan C. Romick
 c/o GEM Realty Capital, Inc
 900 North Michigan Avenue, Suite 1450
 Chicago, IL 60611

Member **Address:** Chicago, IL 60611

Authorized **Signatory** _____
 Person _____

Other _____ Other _____

Manager **Name:** Eric Siegel
 c/o GEM Realty Capital, Inc
 900 North Michigan Avenue, Suite 1450
 Chicago, IL 60611

Member **Address:** Chicago, IL 60611


Authorized **Signatory** _____
 Person _____

Other _____ 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 817.135, F.S.



 Signature of an authorized person

Jonathan C. Romick

 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 "GVI/GC BRADENTON PINE HAVEN 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

6261755 8300

SR# 20213369312

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

Authentication: 204275157

Date: 09-28-21