

11/16/21, 5:00 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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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
Fax Number : (954)208-0845

****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
DRI/Maple Coral Gables, L.L.C.**

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

2021 NOV 17 AM 9:27

FACILITY ASSOCIATES

21 NOV 17 AM 10:51

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T. LEMIEUX**NOV 18 2021**

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. DR/Maple Coral Gables, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. n/a
(F.I. 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. 3889 Maple Avenue, Suite 200
(Street Address of Principal Office)
Dallas, TX 75219
6. 3889 Maple Avenue, Suite 200
(Mailing Address)
Dallas, TX 75219

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: Sandra Zwijack C T Corporation System
(Registered agent's signature) Sandra Zwijack, Assistant Secretary

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: SCH 131 Coral Gables, L.P.	<input type="checkbox"/> Manager	Name: James Berardinelli
<input checked="" type="checkbox"/> Member	Address: 3889 Maple Ave, Suite 200	<input type="checkbox"/> Member	Address: 3715 Northside Parkway
<input type="checkbox"/> Authorized	Dallas, TX 75219	<input checked="" type="checkbox"/> Authorized	Suite 1-200
Person		Person	Atlanta, GA 30327
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: Donna Kruger	 <input type="checkbox"/> Manager	Name: Sean D. Rae
<input type="checkbox"/> Member	Address: 3715 Northside Parkway	<input type="checkbox"/> Member	Address: 3889 Maple Avenue, Suite 200
<input checked="" type="checkbox"/> Authorized	Suite 1-200	<input checked="" type="checkbox"/> Authorized	Dallas, TX 75219
Person	Atlanta, GA 30327	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: Nadia Beagles	 <input type="checkbox"/> Manager	Name: Lennard W. Wood, Jr.
<input type="checkbox"/> Member	Address: 3889 Maple Avenue	<input type="checkbox"/> Member	Address: 3715 Northside Parkway
<input checked="" type="checkbox"/> Authorized	Dallas, TX 75219	<input checked="" type="checkbox"/> Authorized	Suite 1-200
Person		Person	Atlanta, GA 30327
<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.

Nadia Beagles

Signature of an authorized person

Nadia Beagles

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DRI/MAPLE CORAL GABLES, L.L.C." 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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



6390991 8300

SR# 20213814509

You may verify this certificate online at 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: 204706601

Date: 11-16-21