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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
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STATE
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**Foreign Limited Liability Company
Park 295 Two Owner, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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APPROVED

Electronic Filing Menu

Corporate Filing Menu

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DEC -6 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. Park 295 Two 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 3. 87-3567736
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 4 Embarcadero Center, Suite 3300 6. 4 Embarcadero Center, Suite 3300
(Street Address of Principal Office) (Mailing Address)
San Francisco, CA 94111 San Francisco, CA 94111

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)

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CLERK 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.

Nichol McCroy Nichol McCroy, Assistant Secretary
(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: David Egan

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, CA 94111

☒ Other President ☐ Other _____

☐ Manager Name: Breanna Staggs

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, CA 94111

☒ Other Vice President ☐ Other _____

☐ Manager Name: Kevin Dolan

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, CA 94111

☒ Other Vice President ☐ Other _____

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

☐ Manager Name: Stephen Azar

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, CA 94111

☒ Other Executive Vice President and Secretary ☐ Other _____

☐ Manager Name: Nathaniel Hagedorn

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, CA 94111

☒ Other Vice President ☐ Other _____

☐ Manager Name: Jeffrey Burnette

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, CA 94111

☒ 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.

Breanna Staggs

Signature of an authorized person

Breanna Staggs

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 "PARK 295 TWO 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 THIRD DAY OF DECEMBER, A.D. 2021.

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



6367689 8300

SR# 20213974861

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.

Authentication: 204863409

Date: 12-03-21