

M21000017216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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M. SOLOMON

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 333340 4723416

AUTHORIZATION :

COST LIMIT : \$ 125,000



ORDER DATE : December 15, 2021

ORDER TIME : 9:44 AM

ORDER NO. : 333340-010

CUSTOMER NO: 4723416

FOREIGN FILINGS

NAME: FRIT FLORIDA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

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. FRIT Florida, 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. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 909 Rose Avenue, Suite 200 6. 909 Rose Avenue, Suite 200  
(Street Address of Principal Office) (Mailing Address)  
North Bethesda, MD 20852 North Bethesda, MD 20852

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.

Corporation Service Company  
By: Alexis Weibull, assistant vice president  
(Registered agent's signature)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 DEC 16 AM 2:56

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2021 DEC 16 AM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

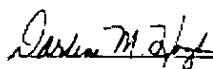
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Darlene M. Hough, Assistant Secretary</u>	<input type="checkbox"/> Manager	Name: <u>John Tschiderer, Senior Vice President - Development</u>
<input type="checkbox"/> Member	Address: <u>909 Rose Avenue, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>909 Rose Avenue, Suite 200</u>
<input type="checkbox"/> Authorized	<u>North Bethesda, MD 20852</u>	<input type="checkbox"/> Authorized	<u>North Bethesda, MD 20852</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Dawn M. Becker, Executive Vice President - Corporate</u>	<input type="checkbox"/> Manager	Name: <u>Patrick Dillon, Vice President - Construction</u>
<input type="checkbox"/> Member	Address: <u>909 Rose Avenue, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>909 Rose Avenue, Suite 200</u>
<input type="checkbox"/> Authorized	<u>North Bethesda, MD 20852</u>	<input type="checkbox"/> Authorized	<u>North Bethesda, MD 20852</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Wendy Seher, Executive Vice President - Eastern Region President</u>	<input type="checkbox"/> Manager	Name: <u>Daniel Guglielmone, Executive Vice President - Chief Financial Officer and Treasurer</u>
<input type="checkbox"/> Member	Address: <u>909 Rose Avenue, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>909 Rose Avenue, Suite 200</u>
<input type="checkbox"/> Authorized	<u>North Bethesda, MD 20852</u>	<input type="checkbox"/> Authorized	<u>North Bethesda, MD 20852</u>
Person		Person	
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Officer</u>	<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.



Signature of an authorized person

Darlene M. Hough, Assistant Secretary

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 "FRIT FLORIDA, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRIT FLORIDA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2008.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

4536637 8300

SR# 20214110661

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

Authentication: 204992694

Date: 12-15-21