

12/21/21, 11:45 AM

Division of Corporations

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)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  
 FSC DPM MONTVERDE FL, LLC**

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

2021 DEC 21 04:12:43

TALLAHASSEE, FL 32309

SECRETARY OF STATE  
 TALLAHASSEE, FL 32309  
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 AND  
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DEC 22 2021

K. Brumbley

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 FSC DPM Montverde FL, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC" 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," "LLC," or "LLC")

2 Delaware 3 So-3405817
(State of incorporation under the laws of which foreign limited liability company is organized) (FEI Number, if applicable)

4 N/A
(Does this foreign limited liability company have a principal office in Florida? If so, please provide the address of the principal office in Florida. See sections 605.0903 & 605.0905, F.S., to determine county liability.)

5 1901 Main Street 6 1901 Main Street
(Street Address of Principal Office) (Name Address)
Lake Como, NJ 07719 Lake Como, NJ 07719

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

Name CT Corporation System
Office Address 1200 South Pine Island Road
Plantation Florida 33324
(city) (zip code)

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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.

CT Corporation System
By: /s/ Kathryn A. Widdoes, Asst. Secretary
(Registered agent's signature)

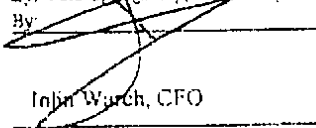
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Four Springs Capital Trust</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>Operating Partnership, L.P.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Address: <u>1901 Main Street</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Lake Como, NJ 07719</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.817.135, F.S.

Four Springs Capital Trust Operating Partnership, L.P., Member  
 By: Four Springs Capital Trust, General Partner  
 By:  \_\_\_\_\_  
 Signature of authorized person  
 Injin Wurch, CFO  
 \_\_\_\_\_  
 Typed or printed name of signer

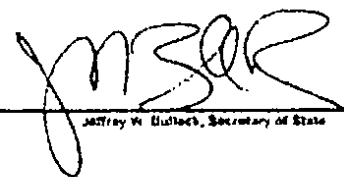
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FSC DPM MONTVERDE FL, 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 DECEMBER, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

5756195 8300

SR# 20214163260

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

Authentication: 205036286

Date: 12-20-21