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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: Amy Patterson
Account Name : FOUNDRY COMMERCIAL
Account Number : 120220000005
Phone : (407)250-7482
Fax Number : (407)796-9183

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Amy.patterson@foundrycommercial.com

**Foreign Limited Liability Company
FOF Red Road Owner, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2022 JAN 10 PM 4:50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H 220000128073

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. FOF Red Road 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 applied for
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 420 S. Orange Ave., Suite 400 6. 420 S. Orange Ave., Suite 400
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32801 Orlando, FL 32801

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

Name: Amy J. Patterson
Office Address: 420 S. Orange Avenue, Suite 400
Orlando, Florida 32801
(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.

Amy J. Patterson
(Registered agent's signature)

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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: Foundry Owners' Fund I, LP
☒ Member Address: 420 S. Orange Ave.
 Suite 400
☐ Authorized Person Orlando, FL 32801
☐ Other ☐ Other

☐ Manager Name: Jonathan Balthrop
☐ Member Address: 225 NE Mizner Blvd.
☐ Authorized Suite 230
☐ Person Boca Raton, FL 33432
☒ Other Vice President ☐ Other

☐ Manager Name: James Wells
☐ Member Address: Old Main at Old Parkland
☐ Authorized 3819 Maple Avenue
☐ Person Dallas, TX 75219
☒ Other Vice President ☐ Other

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

☐ Manager Name: Pryse R. Elam
☐ Member Address: 225 NE Mizner Blvd.
☐ Authorized Suite 230
☐ Person Boca Raton, FL 33432
☒ Other President ☐ Other

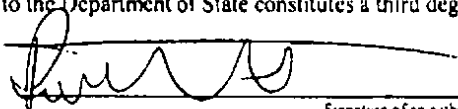
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
☐ Person _____
☐ Other ☐ Other

☐ Manager Name: Rayanne Charles
☐ Member Address: 420 S. Orange Avenue
☐ Authorized Suite 400
☐ Person Orlando, FL 32801
☒ Other Secretary ☐ 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

Rayanne Charles

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FOF RED ROAD 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 FIFTH DAY OF JANUARY, A.D. 2022.

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



6486942 8300

SR# 20220037991

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202324014

Date: 01-05-22

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