

M22 000003233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

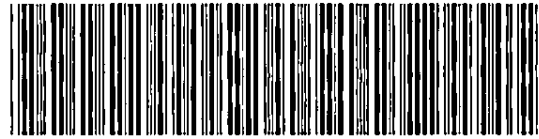
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALLAHABAD, INDIA

S. HAWKES  
FEB - 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/02/2022

Acc#120160000072

*en: c SW*

Name:	SR52 DEV Owner LLC
Document #:	
Order #:	14187071

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Verifier _____
W.P. Verifier _____
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Amount: \$ 155.00

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SR52 DEV Owner LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Doug Goldstein

Name of Person

Hines

Firm/Company

2800 Post Oak Boulevard, Suite 4800

Address

Houston, Texas 77056

City/State and Zip Code

doug.goldstein@hines.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Goldstein

713

966-5420

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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. SR52 DEV 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A  
(FEI number, if applicable)

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

5. 2800 Post Oak Blvd., Suite 4800  
(Street Address of Principal Office)

6. 2800 Post Oak Blvd., Suite 4800  
(Mailing Address)

Houston  
Texas 77056

Houston  
Texas 77056

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)

FILED  
2021-10-22 AM 11:34  
STATE  
OFFICE

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: C T Corporation System  
Mark Holloway Mark Holloway, Assistant Secretary  
(Registered agent's signature)

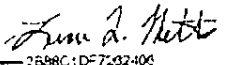
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Lisa Q. Metts</u>	<input type="checkbox"/> Manager	Name: <u>Richard Heaton</u>
<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd., Ste. 4800</u>	<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd., Ste. 4800</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77056</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77056</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Evan McCord</u>	 <input type="checkbox"/> Manager	Name: <u>Keith Montgomery</u>
<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd., Ste. 4800</u>	<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd., Ste. 4800</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77056</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77056</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jeffrey C. Hines</u>	 <input type="checkbox"/> Manager	Name: <u>Laura Hines-Pierce</u>
<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd., Ste. 4800</u>	<input type="checkbox"/> Member	Address: <u>2800 Post Oak Blvd., Ste. 4800</u>
<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77056</u>	<input checked="" type="checkbox"/> Authorized	<u>Houston, TX 77056</u>
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.817.155, F.S.

DocuSigned by:  
  
 2688C1DF7232406  
 \_\_\_\_\_  
 Signature of an authorized person  
 Lisa Q. Metts, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signee

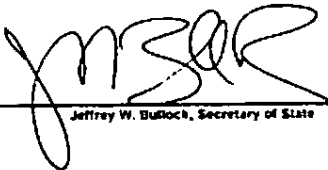
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SR52 DEV 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 FIRST DAY OF MARCH, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

6643279 8300

SR# 20220837843

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

Authentication: 202798901

Date: 03-01-22