

W220000064535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

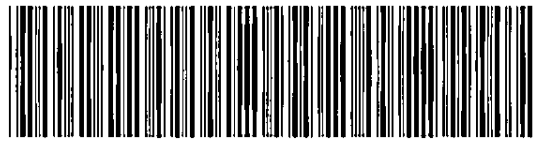
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000034381

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2022 MAR 15 PM 2:20 PM PS AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAR 28 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/15/2022

Acc#I20160000072

en: c SW

| | |
|-------------|--|
| Name: | GVI/GC Bradenton Orange Grove Owner, LLC |
| Document #: | |
| Order #: | 14217737 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| 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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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input checked="" type="checkbox"/> |

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| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 160.00

Thank you!



CORRECTED
Please Allow For
Same File Date

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2022

CT CORP

SUBJECT: GVI/GC BRADENTON ORANGE GROVE OWNER, LLC
Ref. Number: W22000034381

We have received your document for GVI/GC BRADENTON ORANGE GROVE OWNER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 022A00006229

2022 MAR 25 AM 11:25

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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. GVI/GC Bradenton Orange Grove 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. (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. 900 North Michigan Avenue, Suite 1450
(Street Address of Principal Office)

6. c/o GEM Realty Capital, Inc.
(Mailing Address)

Chicago, Illinois 60611 900 North Michigan Avenue, Suite 1450

Chicago, Illinois 60611

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)

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 the 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
(Registered agent's signature) Nichol McCroy, Assistant Secretary

FILED
2022 MAR 25 PM 5:53
SEAL
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]:

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

☐ Manager Name: Barry A. Malkin
c/o GEM Realty Capital, Inc.

☐ Member Address: 900 North Michigan Avenue, Suite 1450
Chicago, IL 60611

☒ Authorized Representative

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Michael A. Elrad
 c/o GEM Realty Capital, Inc.

☐ Member Address: 900 North Michigan Avenue, Suite 1450
 Chicago, IL 60611

☒ Authorized Representative
Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jonathan C. Romick
c/o GEM Realty Capital, Inc.
900 North Michigan Avenue, Suite 1450

☐ Member Address: Chicago, IL 60611

☒ Authorized Representative

Person _____

☐ Other _____ ☐ Other _____

| | |
|--|---|
| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
| <input type="checkbox"/> Manager | Name: <u>Norman S. Geller</u> <u>c/o GEM Realty Capital, Inc</u> <u>900 North Michigan Avenue, Suite 1450</u> |
| <input type="checkbox"/> Member | Address: <u>Chicago, IL 60611</u> |
| <input checked="" type="checkbox"/> Authorized Person | Representative _____ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

☐ Manager Name: Craig R. Cutfarelli
c/o GEM Realty Capital, Inc.
900 North Michigan Avenue, Suite 1450

☐ Member Address: Chicago, IL 60611

☒ Authorized Representative _____
Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Eric Siegel
c/o GEM Realty Capital, Inc.
900 North Michigan Avenue, Suite 1450

☐ Member Address: Chicago, IL 60611

☒ Authorized Representative
 Person _____

☐ Other _____ ☐ 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

Jonathan C. Romick

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 "GVI/GC BRADENTON ORANGE GROVE 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

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SP# 20220669718

Authentication: 202745436

Date: 02-23-22