

M2200004538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

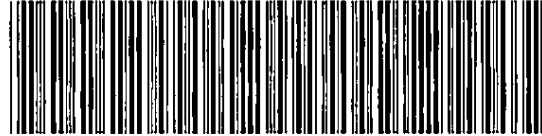
(Document Number)

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Special Instructions to Filing Officer.

W22000034382 06213

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2022 MAR 15 PM 4:07

2022 MAR 15 AM 10:00

ALLAHASSEE, FLORIDA

SECURITY UP STATE
TALLAHASSEE, FLORIDA

T. LEMUEUX

MAR 28 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/15/2022

Acc#120160000072

en: c DW

Name:	GVI/GC Bradenton Tropical Gardens 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:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
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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 TROPICAL GARDENS OWNER, LLC
Ref. Number: W22000034382

We have received your document for GVI/GC BRADENTON TROPICAL GARDENS 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: 422A00006229

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

FILED
2022 MAR 25 AM 10:00
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]:

Title or Capacity:

☐ Manager

☐ Member

☒ Authorized

Person

☐ Other

Name and Address:

Name: Barry A. Malkin
c/o GEM Realty Capital, Inc.
900 North Michigan Avenue, Suite 1450
Chicago, IL 60611

Address: Chicago, IL 60611

Representative

☐ Other

Title or Capacity: ☐ Manager **Name:** Norman S. Geller
c/o GEM Realty Capital, Inc.
900 North Michigan Avenue, Suite 1450
☐ Member **Address:** Chicago, IL 60611
☒ Authorized **Representative**
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Michael A. Elrud
c/o GEM Realty Capital, Inc.
900 North Michigan Avenue, Suite 1450

☐ Member Address: Chicago, IL 60611

☒ Authorized Representative _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Craig R. Cuffarelli

c/o GEM Realty Capital, Inc
900 North Michigan Avenue, Suite 1450

☐ Member Address: 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 _____

☐ Manager Name: Eric Siegel
c/o GEN 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 TROPICAL GARDENS 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.



6632719 8300

SR# 20220669723

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

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

Authentication: 202745477

Date: 02-23-22