

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

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Account Number : 076117080420
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Foreign Limited Liability Company
CRE-KL SILVER OAKS OWNER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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APPROVED
AND
FILED

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MAR 30 2022

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. CRE-KI.SILVER OAKS 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)

87-3662805

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. 105 NE 1st Street

(Street Address of Principal Office)

Delray Beach, FL 33444

6. 105 NE 1st Street

(Mailing Address)

Delray Beach, FL 33444

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

APPROVED
AND
FILED
2022 MAR 29 PM 4:01
TALLAHASSEE, FLORIDA

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.

CORPORATION SERVICE COMPANY

By: /s/ Charlene Sati

Charlene Sati, 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]:

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

☐ Manager Name: Robert L. Julien

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Thomas E. Wagner

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Derek N. Sudan

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

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

☐ Manager Name: Howard Erbstein

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Joseph P. Sciacca

☐ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: CRE-KL RESI HOLDCO, LLC

☒ Member Address: 105 NE 1st Street

☐ Authorized Delray Beach, FL 33444

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.

/s/ Robert L. Julien

Signature of an authorized person

Robert L. Julien

Typed or printed name of signee

Delaware

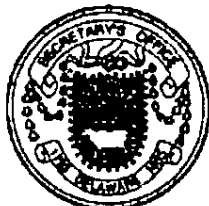
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRE-KL SILVER OAKS 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-EIGHTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRE-KL SILVER OAKS OWNER, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

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



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SR# 20221196512

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 in a small font.

Authentication: 203029559

Date: 03-28-22