

ma200005141

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000122691 3)))



H220001226913ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FOUNDRY COMMERCIAL
Account Number : I202200000005
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 Osceola Commerce Center Owner, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR -5 AM 9:03

FILED

2022 APR -5 AM 10:09

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000122691 3)))

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 Osceola Commerce Center 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 88-1382188
 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (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)

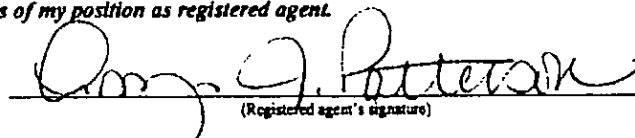
5. 420 S. Orange Avenue Same as Street
 (Street Address of Principal Office) 6. (Mailing Address)
 Suite 400
 Orlando, FL 32801

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.


 (Registered agent's signature)

(((H22000122691 3)))

FILED
 2022 APR -5 AM 9:03
 SUPERIOR COURT OF FLORIDA
 TALLAHASSEE, FLORIDA

(((H22000122691 3)))

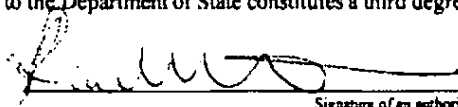
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Foundry Owners' Fund I, LP	<input type="checkbox"/> Manager	Name: Pryse R. Elam
<input checked="" type="checkbox"/> Member	Address: 420 S. Orange Avenue	<input type="checkbox"/> Member	Address: 420 S. Orange Avenue
<input type="checkbox"/> Authorized	Suite 400	<input type="checkbox"/> Authorized	Suite 400
Person	Orlando, FL 32801	Person	Orlando, FL 32801
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jonathan Balthrop	<input type="checkbox"/> Manager	Name: David Auld
<input type="checkbox"/> Member	Address: 420 S. Orange Avenue	<input type="checkbox"/> Member	Address: 420 S. Orange Avenue
<input type="checkbox"/> Authorized	Suite 400	<input type="checkbox"/> Authorized	Suite 400
Person	Orlando, FL 32801	Person	Orlando, FL 32801
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: James Wells	<input type="checkbox"/> Manager	Name: Moses Salcido
<input type="checkbox"/> Member	Address: 420 S. Orange Avenue	<input type="checkbox"/> Member	Address: 420 S. Orange Avenue
<input type="checkbox"/> Authorized	Suite 400	<input type="checkbox"/> Authorized	Suite 400
Person	Orlando, FL 32801	Person	Orlando, FL 32801
<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP	<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.



Signature of an authorized person

Rayanne Charles

Typed or printed name of signee

(((H22000122691 3)))

((H22000122691 3)))

**Attachment to the Application by
Foreign Limited Liability Company for Authorization to Transact Business
In Florida**

Entity Name: FOF Osceola Commerce Center, LLC

8. Name, title or capacity and addresses of the primary members/managers or persons authorized to manage:

Name and Address:

**Rayanne Charles
420 S. Orange Ave.
Suite 400
Orlando, FL 32801
Other: Secretary**

((H22000122691 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FOF OSCEOLA COMMERCE CENTER 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 MARCH, A.D. 2022.

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



6683055 8300

SR# 20221124188

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 in a small font.

Authentication: 202985234

Date: 03-23-22