

5/18/22, 10:08 AM

Division of Corporations

## Florida Department of State

**M2200007789**  
Division of Corporations  
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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Foundry Lakeside Station V, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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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. Foundry Lakeside Station V, 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. applied for

(PII 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

(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 Patterson

Office Address: 420 S. Orange Avenue, Suite 400

Orlando

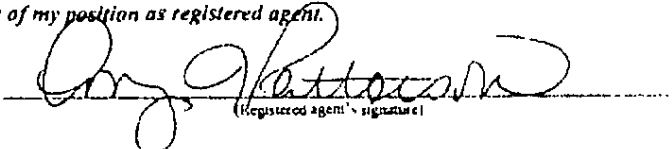
(City)

32801  
Florida

(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)

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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: Pryse R. Elam	<input type="checkbox"/> Manager	Name: Jonathan Balthrop
<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 President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: David Auld	<input type="checkbox"/> Manager	Name: James Wells
<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
<input type="checkbox"/> Manager	Name: Moses Salcido	<input type="checkbox"/> Manager	Name: Rayanne Charles
<input type="checkbox"/> Member	Address: 420 S. Orange Ave.	<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 Secretary	<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.

Pryse R. Elam

Signature of an authorized person

Pryse R. Elam

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FOUNDRY LAKESIDE STATION V, 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 EIGHTEENTH DAY OF MAY, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State