

ma 0000 11525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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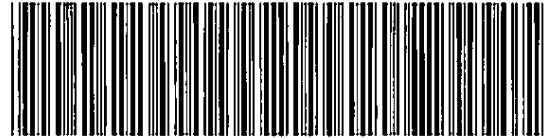
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

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Acc#120160000072

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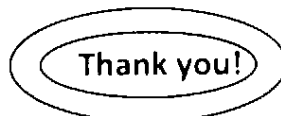
Name:	CRE-GS Tomoka Village South Phase I Owner, LLC
Document #:	
Order #:	14452704

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Ref# _____

Amount: \$ 155.00



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-GS Tomoka Village South Phase I 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. 465 Meeting Street
(Street Address of Principal Office)

Suite 500

Charleston, SC 29403

6. 465 Meeting Street
(Mailing Address)

Suite 500

Charleston, SC 29403

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 /s/ David Westcott, Assistant Secretary
(Registered agent's signature)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, 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: CRE-GS Tomoka Village South JV, LLC

☒ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☐ Other _____ ☐ Other _____

☐ Manager Name: Wesley H. Fuller

☐ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☒ Other Vice President ☐ Other _____

☐ Manager Name: J. Derek Ramsey

☐ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☒ Other Vice President, Secretary & Treasurer ☐ Other _____

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

☐ Manager Name: Robert A. Faith

☐ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☒ Other President ☐ Other _____

☐ Manager Name: William C. Maddux

☐ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☒ Other Vice President ☐ Other _____

☐ Manager Name: A. Joshua Carper

☐ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☒ Other Vice President ☐ 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

Michael Sullivan, Vice President

Typed or printed name of signer

Attachment for Item 8 (List of Additional Managers/Members/Authorized Persons)

1. **Name:** Cliff Nash
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
2. **Name:** Ashley Heggie
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
3. **Name:** Todd Wigfield
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
4. **Name:** Lewis Stoneburner
Address: 788 E Las Olas Blvd., #201, Fort Lauderdale, FL 33301
Title or Capacity: Vice President
5. **Name:** David King
Address: 4030 West Boy Scout Blvd., Suite 800, Tampa FL 33607
Title or Capacity: Vice President
6. **Name:** Parker LeCorgne
Address: 315 E Robinson Street, Suite 555, Orlando, FL 32801
Title or Capacity: Vice President
7. **Name:** Matthew Warren
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
8. **Name:** Michael Sullivan
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRE-GS TOMOKA VILLAGE SOUTH PHASE I 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-FIRST DAY OF JULY, A.D. 2022.

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



6895863 8300

SR# 20223055775

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203980106

Date: 07-21-22