(Requestor's Name)
(Nequestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Old Care Part Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
3

Office Use Only



200389186842

2022 JUL 22 AM 11: 0 2022 JUL 22 PM 2: 21

CT CORP

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

07/22/2022

Da	Acc#120160000072
	Acc#120160000072
Name:	Greystar Tomoka Village South Development, LLC
Document #:	
Order #:	14452704
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: 🗸	Certified: ✓ Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ 155.00

Ref# _

COVER LETTER

HR DOCTS	Greystar Tomoka Village South Developme	
OBJECT: _	Namo	e of Limited Liability Company
he enclosed ' xistence, and	'Application by Foreign Limited Liability Check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor
ease return a	all correspondence concerning this matter to	o the following:
	Michael Sulfivan	
		Name of Person
	Greystar Tomoka Village South Develo	pment, LLC
		Firm/Company
	465 Meeting Street, Suite 500	
		Address
	Charleston, SC 29403	
	C	ity/State and Zip Code
	mike.sullivan@greystar.com	
	E-mail address: (to be	used for future annual report notification)
or further int	formation concerning this matter, please ca	11:
Micl	hael Sullivan	843 579-9400 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Majl	ing Address:	Street Address:
	istration Section	Registration Section
	ision of Corporations	Division of Corporations
	. Box 6327	The Centre of Tallahassee
Tall	ahassee, F1, 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEI 125.00 Filing Fee \$130.00 Filing Fe	re & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605-6002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Greystar Tomoka Villa	ge South Development, LLC		
(Name of Foreign I	imited Liability Company, must include "Limited Lia	bility Company," "L.L.C.," or "L.L.C.")	
	ame adopted for the purpose of transacting business in Florida	The december of control of contro	Commun. ""I. I. C." or "I.I. C.")
(II name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida	The arernate name most include "Litaned Calonay	Company, tatae, or tax y
Delaware 2.		3.	
(Jurisdiction under the law of w	nich foreign limited hability company is organized)	5(FEI number, it's	pplicable)
.4			_
···	(Date first transacted business in Florida, if prior to regist (See sections 605 0901 & 605 0905; F.S. to determine po	tration) malty liability)	
465 Meeting Street		465 Meeting Street	
5. (Street Address of Principal Office)		6. (Mailing Address)	20
Suite 500		Suite 500	
Charleston, SC 29403		Charleston, SC 29403	L 22
7. Name and street addres	ss of Florida registered agent: (P.O. Box) <u>N</u>	OT acceptable)	PH 2:21
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	33324 , Florida	
	(Cuy)	(Zip cixle)	
designated in this applica to comply with the provis and accept the obligation	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ions of all statutes relative to the proper an s of my position as registered agent. C T Corporation System By:	egistered agent and agree to act in the complete performance of my dutice /s/ David Westcott, Assista	is capacity. I further agre is, and I am familiar with
	(Registered agent's sign	ature)	

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:	Title or Capacity:	Name and Address:
□Manager	Name: Greystar Development, LLC	□Manager	Name: Robert A. Faith
⊠Member	Address: 465 Meeting Street	□Member	Address: 465 Meeting Street
□Authorized	Suite 500	□Authorized	Suite 500
Person	Charleston, SC 29403	Person	Charleston, SC 29403
□Other	Other	Other President	□Other
□Manager	Name: Wesley H, Fuller	□Manager	Name: William C. Maddux
□Member	Address: 465 Meeting Street	□Member	Address: 465 Meeting Street
□Authorized	Suite 500	□Authorized	Suite 500
Person	Charleston, SC 29403	Person	Charleston, SC 29403
Vice Preside Other	lent	■Other	lent Other
□Manager	Name:	□Manager	Name:A. Joshua Carper
□Member	Address: 465 Meeting Street	□Member	Address: 465 Meeting Street
	Suite 500	□Authorized	Suite 500
□ Authorized Person	Charleston, SC 29403	Person	Charleston, SC 29403
Person Vice Presider Treasurer	nt, Secretary &	Other	dent □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.

michael	Lulia	
 Signature v	fan authorized person	
Michael St	illivan, Vice President	
 Lyped or 1	rinted name of signee	

Same Land

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

1. Name: Cliff Nash

State of the second

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GREYSTAR TOMOKA VILLAGE SOUTH

DEVELOPMENT, 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.



Jeffrey W. Bullock, Secretary of State

Authentication: 203980514