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3458 Lakeshore Drive, Tallahassee, FL 32312  
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Date: 07/22/2022

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*Eric DWH*

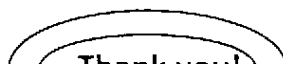
Name:	Greystar Jacaranda Development, LLC
Document #:	
Order #:	14452681

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ 155.00



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Greystar Jacaranda Development, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Sullivan

\_\_\_\_\_  
Name of Person

Greystar Jacaranada Development, LLC

\_\_\_\_\_  
Firm/Company

465 Meeting Street, Suite 500

\_\_\_\_\_  
Address

Charleston, SC 29403

\_\_\_\_\_  
City/State and Zip Code

mike.sullivan@greystar.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Sullivan

843

579-9400

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Greystar Jacaranda Development, 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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TALLAHASSEE 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: Greystar Development, 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.

*Michael Sullivan*

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 "GREYSTAR JACARANDA 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