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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Amy Patterson (407) 540-7700
Account Name : FOUNDRY COMMERCIAL
Account Number : 120220000005
Phone : (407)250-7482
Fax Number : (407)796-9183

2022 JUL 25 PM 11:10
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TALLAHASSEE, FLORIDA

****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 Coral Springs Owner, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 JUL 25 PM 11:36

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 Coral Springs 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 88-3385736
(Jurisdiction under the law of which foreign limited liability company is organized) (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
(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 32801
(City) , 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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agents or persons authorized to

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>
<input type="checkbox"/> Manager	Name: Pryse R. Elam
<input type="checkbox"/> Member	Address: 225 NE Mizner Blvd.
<input type="checkbox"/> Authorized	Suite 230
Person	Boca Raton, FL 33432
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other

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

☐ Manager Name: Jonathan Balthrop

☐ Member Address: 225 NE Mizner Blvd.

☐ Authorized Suit 230

Person Boca Raton, FL 33432

☒ Other VP ☐ Other _____

☐ Manager Name: James Wells

☐ Member Address: 420 S Orange Ave

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other VP ☐ Other

☐ Manager Name: Ted Elam

☐ Member Address: 225 NE Mizner Blvd.

☐ Authorized Suite 230

Person Boca Raton, FL 33432

☒ Other ^{VP} ☐ Other

☐ Manager Name: David Blount

☐ Member Address: 225 NE Mizner Blvd.

☐ Authorized Suite 230

Person Boca Raton, FL 33432

☒ Other VP ☐ Other

☐ Manager Name: David Auld

☐ Member Address: 420 S. Orange Avenue

☐ Authorized Suite 400

Person Orlando, FL 32801

☒ Other ^{VP} ☐ 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]

Rayanne Charles

Typed or printed name of signee

ADDITIONAL OFFICERS

FOF CORAL SPRINGS OWNER, LLC

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]:

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FOF CORAL SPRINGS 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 EIGHTH DAY OF JULY, A.D. 2022.

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

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JULIUS ROBERT L. JAMES
TALLAHASSEE, FLORIDA



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


Jeffrey W. Bullock, Secretary of State

Authentication: 203865281

Date: 07-08-22