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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Amy HOHLERSON (407) 540-7700

Account Name : FOUNDRY COMMERCIAL
Account Number : 120220000005

Phone : (407)250-7482 Fax Number : (407)796-9183

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 paterson Downdry connercial con

Foreign Limited Liability Company FOF Coral Springs Owner, LLC

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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:

FOF Coral Springs Ow	ner, 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 Flo	orida The	Itemate name must include	e "Limited Luxbility Come	pany," "LLC," or "[.1.C,")	
Delaware			88-3385736		, ——, « · · · · ,	
		3.	00-3303730			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	-		(FEI number, if applies	ble)	
Upon Qualification						
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	registration ne penalty) liability)			
420 S. Orange Avenue						
Street Address of Principal Office)		6	37-1			
Sirect Address of Principal Office)			(Mailing Address)			
Suite 400						
O-l4- El 22801		-				
Orlando, FL 32801					22 23	-1
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)		TALLAHASSEE!	イートリ
						1
	Amy J Patterson				EL L'ORIO	•
Name:	Anny 37 aucrson					
	· · · · · · · · · · · · · · · · · · ·				11.0% 11.0%	
com a la	420 S. Orange Avenue, Suite 400				56 -	-
Office Address:					-	
	Orlando		32	1801		
			, Florida			
	(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.

(Registered agent's signature)

FIL	EL
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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Pryse R. Elam	□Manager	Name:
□Member	Address: 225 NE Mizner Blvd.		Address: 225 NE Mizner Blvd.
□Authorized	Suite 230	O todayin d	Suit 230
Person	Boca Raton, FL 33432		Boca Raton, FL 33432
President Other		VP	Other
☐Manager	Name: James Wells	□Manager	Ted Elam Name:
□Member	Address: 420 S Orange Ave		Address: 225 NE Mizner Blvd.
□Authorized	Suite 400	r**	Suite 230
Person	Orlando, FL 32801	D	Boca Raton, FL 33432
Other		VP	□Other
□Manager	Name: David Blount	□Manager	Name: David Auld
□Member	Address: 225 NE Mizner Blvd.		Address: 420 S. Orange Avenue
□Authorized	Suite 230	-	Suite 400
Person	Boca Raton, FL 33432	Person	Orlando, FL 32801
VP Other	□Other	VP ■ Other	□ 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

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



Delaware The First State

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

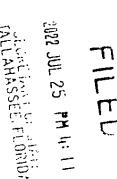
DELAWARE, DO HEREBY CERTIFY "FOF CORAL SPRINGS OWNER, LLC" IS DULY

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.





Authentication: 203865281

Date: 07-08-22

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