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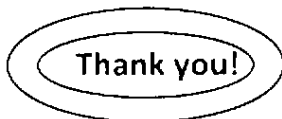
Name:	GS Lakewood Ranch Owner, LLC
Document #:	
Order #:	14484057

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Amount: \$ 155.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GS Lakewood Ranch Owner, 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

GS Lakewood Ranch Owner, 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. GS Lakewood Ranch 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.)

465 Meeting Street

5. (Street Address of Principal Office)

Suite 500

Charleston, SC 29403

465 Meeting Street

6. (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

(City)

, Florida

33324

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

C T Corporation System

/s/ David Westcott, Assistant Secretary

By:

(Registered agent's signature)

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: GS Lakewood Ranch, LLC

☒ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☐ Other _____ ☐ Other _____

☐ Manager Name: William C. Maddux

☐ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☒ Other Vice President ☐ Other _____

☐ Manager Name: David King

☐ Member Address: 4030 West Boy Scout Blvd.,

☐ Authorized Suite 800

Person Tampa, FL 33607

☐ Other Vice President ☐ 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: J. Derek Ramsey

☐ Member Address: 465 Meeting Street

☐ Authorized Suite 500

Person Charleston, SC 29403

☒ Other Vice President, Sec ☐ Other _____

☐ Manager Name: Parker LeCorgne

☐ Member Address: 315 E Robinson Street

☐ Authorized Suite 555

Person Orlando, FL 32801

☒ 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

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

1. **Name:** Ashley Heggie
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
2. **Name:** Cliff Nash
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:** Wesley H. Fuller
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
6. **Name:** A. Joshua Carper
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
7. **Name:** Matt 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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GS LAKEWOOD RANCH 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 NINTH DAY OF AUGUST, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State