

M22000012688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. FRANKLIN

AUG 15 2022

CT CORP

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

Date: 08/09/2022

Acc#I20160000072

mic DW

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

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Availability _____
Document _____
Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2022

CT

SUBJECT: GS LAKEWOOD RANCH DEVELOPMENT, LLC
Ref. Number: W22000102980

RECEIVED
2022 AUG 12 AM 10:51
ALLIANCE
CORRECTED
Please Allow For
Same File Date
8/9/22

We have received your document for GS LAKEWOOD RANCH DEVELOPMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

One of the members business name is cut off. Please list the complete business name.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 422A00017790

CT CORP

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

Date: 08/09/2022

Acc#120160000072

W: C DW

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

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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-9
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	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

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 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

2024
-9
FBI 3:1:9

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)

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 _____

Title or Capacity: Name and Address:
 Manager Name: Greystar Development Enhancements, LLC
 Member Address: 465 Meeting Street
 Authorized Suite 500
 Person Charleston, SC 29403
 Other _____ Other _____

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, Se _____ Other _____

Manager Name: David King
 Member Address: 4030 West Boy Scout Blvd.
 Authorized Suite 800
 Person Tampa, FL 33607
 Other Vice President _____ 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.

Michael Sullivan

Signature of an authorized person

Michael Sullivan, Vice President

Typed or printed name of signee

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

1. **Name:** William C. Maddux
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

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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 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 NINTH DAY OF AUGUST, A.D. 2022.

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

2024-08-09 PM 3:48




Jeffrey W. Bullock, Secretary of State

6532565 8300

SR# 20223213211

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

Authentication: 204117886

Date: 08-09-22