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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:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tpeterson@altmancos.com

Foreign Limited Liability Company Lake Willis II Owner, LLC

Certificate of Status	0
Certified Copy	1
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AUG 26 2022

2022 AUG 26 AM 11:31

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LAKE WILLIS II OWNER, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3110925

(FED 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. 201 E LAS OLAS BOULEVARD, SUITE 1900

(Street Address of Principal Office)

6. 201 E LAS OLAS BOULEVARD, SUITE 1900

(Mailing Address)

FORT LAUDERDALE, FL 33301

FORT LAUDERDALE, FL 33301

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BCRA, LLC

Office Address: 1905 NW CORPORATE BLVD, SUITE 310

BOCA RATON

(City)

, Florida

33431

(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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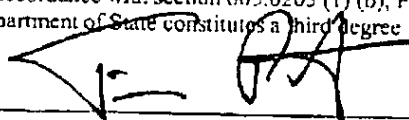
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Lake Willis II Intermediate, LLC	<input type="checkbox"/> Manager	Name: Jeffery A. Roberts
<input type="checkbox"/> Member	Address: 201 E Las Olas Boulevard	<input type="checkbox"/> Member	Address: 201 E Las Olas Boulevard
<input type="checkbox"/> Authorized	Suite 1900	<input type="checkbox"/> Authorized	Suite 1900
Person	Fort Lauderdale, FL 33301	Person	Fort Lauderdale, FL 33301
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Timothy A. Peterson	<input type="checkbox"/> Manager	Name: Andrew Meran
<input type="checkbox"/> Member	Address: 201 E Las Olas Boulevard	<input type="checkbox"/> Member	Address: 201 E Las Olas Boulevard
<input type="checkbox"/> Authorized	Suite 1900	<input type="checkbox"/> Authorized	Suite 1900
Person	Fort Lauderdale, FL 33301	Person	Fort Lauderdale, FL 33301
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP and Asst Sec	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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
 Timothy A. Peterson, Vice President

 Typed or printed name of signer

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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 "LAKE WILLIS II 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE WILLIS II OWNER, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2022.

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



6879612 8300

SR# 20223368551

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204255299

Date: 08-26-22

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