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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. FRANKLIN

SEP 20 2022

①

# CT CORP

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

Date: 09/19/2022

Acc#I20160000072

*en: c DW*

Name:	GREF EQUINOX WEST GP, LLC
Document #:	
Order #:	14520025

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 155.00

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GREF Equinox West GP, 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:

Vanessa Lew

\_\_\_\_\_  
Name of Person

DWS

\_\_\_\_\_  
Firm/Company

222 South Riverside Plaza, 34th Floor

\_\_\_\_\_  
Address

Chicago, IL 60606

\_\_\_\_\_  
City/State and Zip Code

vanessa.lew@dws.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Om

312

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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

2022-19 FEB 12

**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. GREF Equinox West GP, 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 3. 88-3946427  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Florida registration  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>222 So. Riverside Plaza,</u> (Street Address of Principal Office)	6. <u>222 So. Riverside Plaza,</u> (Mailing Address)
<u>34th Floor</u>	<u>34th Floor</u>
<u>Chicago, IL 60606</u>	<u>Chicago, IL 60606</u>

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: Mark Holloway Mark Holloway, Assistant Secretary  
(Registered agent's signature)

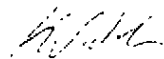
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Kevin Walsh	<input type="checkbox"/> Manager	Name: Sebastian Schneider
<input type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	222 S Riverside Plaza, Chgo, IL 60606	<input type="checkbox"/> Authorized	222 S Riverside Plaza, Chgo, IL 60606
Person	_____	Person	_____
<input type="checkbox"/> Other President	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Vikram Mehra	<input checked="" type="checkbox"/> Manager	Name: Kristin Strange
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	222 S Riverside Plaza, Chgo, IL 60606	<input type="checkbox"/> Authorized	222 S Riverside Plaza, Chgo, IL 60606
Person	_____	Person	_____
<input type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: James Toney	<input checked="" type="checkbox"/> Manager	Name: Portia Guerin
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	222 S Riverside Plaza, Chgo, IL 60606	<input type="checkbox"/> Authorized	222 S Riverside Plaza, Chgo, IL 60606
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Secretary	<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

Kevin Walsh

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "GREF EQUINOX WEST GP, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

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

2022.09.19 PM 10:12



6991652 8300

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204413562