

M22000015032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

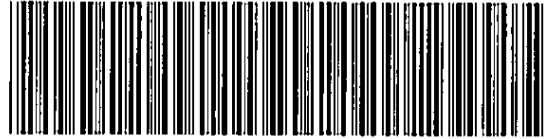
(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 SEP 28 AM 10:05  
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FALLS CHURCH, VIRGINIA

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2022 SEP 28 AM 11:05  
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SEP 29 2022

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**CT CORP**

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

**Date:** 09/28/2022

Acc#120160000072

*Eric DW*

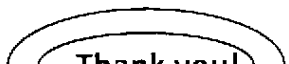
Name:	DRI/Maple 1700 Central, L.L.C.
Document #:	
Order #:	14558160

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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Verifier _____
W.P. Verifier _____
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Amount: \$ **155.00**



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DR/Maple 1700 Central, L.L.C.  
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:

Walter Davis  
Name of Person

Trammell Crow Residential  
Firm/Company

3889 Maple Avenue, Suite 200  
Address

Dallas, TX 75219  
City/State and Zip Code

wdavis@tcr.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter Davis                                      214                      922-8400  
Name of Contact Person                                      at (          )                      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. DR/Maple 1700 Central, L.L.C.  
(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. n/a  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN 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. 3889 Maple Avenue, Suite 200 6. 3889 Maple Avenue, Suite 200  
(Street Address of Principal Office) (Mailing Address)

Dallas, TX 75219 Dallas, TX 75219

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)

2002 SEP 28 AM 10:05  
STATE OF FLORIDA  
TAMM HALLS, TALLAHASSEE, FLORIDA  
APPROVED AND FILED

**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]:

**Title or Capacity:**  Manager **Name and Address:** Name: SCH 135 1700 Central, L.P.  
 Member Address: 3889 Maple Avenue  
 Authorized Suite 200  
 Person Dallas, TX 75219  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager **Name and Address:** Name: James Berardinelli  
 Member Address: 3715 Northside Parkway  
 Authorized Suite 2-800  
 Person Atlanta, GA 30327  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Donna Kruger  
 Member Address: 3715 Northside Parkway  
 Authorized Suite 2-800  
 Person Atlanta, GA 30327  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Sean D. Rae  
 Member Address: 3889 Maple Avenue  
 Authorized Suite 200  
 Person Dallas, TX 75219  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Nadia Beagles  
 Member Address: 3889 Maple Avenue  
 Authorized Suite 200  
 Person Dallas, TX 75219  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager **Name:** Leonard W. Wood, Jr.  
 Member Address: 3715 Northside Parkway  
 Authorized Suite 2-800  
 Person Atlanta, GA 30327  
 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.

Nadia Beagles  
 \_\_\_\_\_  
 Signature of an authorized person

Nadia Beagles

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRI/MAPLE 1700 CENTRAL, L.L.C." 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-EIGHTH DAY OF SEPTEMBER, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State