

Division of Corporations

M22000016790

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GREENBERG TRAUER (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

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

Email Address: jhalli@swireprops.com

Foreign Limited Liability Company 50A Developer LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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

IN COMPLIANCE WITH SECTION 065.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 50A Developer 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. none
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I.I. number, if applicable)

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

5. 98 SE 7th Street, Suite 500 6. SAME
(Street Address of Principal Office) (Mailing Address)

Miami, FL 33131

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Elizabeth Harris Elizabeth Harris, assistant vice president
(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>
☐ Manager	Name: <u>Timothy Joseph Blackburn</u>	☐ Manager	Name: <u>Kieran Bowers</u>
☐ Member	Address: <u>98 S.E. 7th St.</u>	☐ Member	Address: <u>98 S.E. 7th St.</u>
☐ Authorized	<u>Suite 500</u>	☐ Authorized	<u>Suite 500</u>
Person	<u>Miami, FL 33131</u>	Person	<u>Miami, FL 33131</u>
☒ Other <u>CEO</u>	☐ Other _____	☒ Other <u>Pres., Sec.</u>	☐ Other _____
 ☐ Manager	Name: <u>Maile Aguila</u>	 ☐ Manager	Name: <u>Andrew Murray Clarke</u>
☐ Member	Address: <u>98 S.E. 7th St.</u>	☐ Member	Address: <u>98 S.E. 7th St.</u>
☐ Authorized	<u>Suite 500</u>	☐ Authorized	<u>Suite 500</u>
Person	<u>Miami, FL 33131</u>	Person	<u>Miami, FL 33131</u>
☒ Other <u>VP</u>	☐ Other _____	☒ Other <u>CFO</u>	☐ Other _____
 ☐ Manager	Name: <u>Samuel Matthew Mazman</u>	 ☐ Manager	Name: _____
☐ Member	Address: <u>98 S.E. 7th St.</u>	☐ Member	Address: _____
☐ Authorized	<u>Suite 500</u>	☐ Authorized	_____
Person	<u>Miami, FL 33131</u>	Person	_____
☒ Other <u>VP</u>	☐ Other _____	☐ 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.

1st Jayme Halli
 Signature of an authorized person

Jayme Halli, Authorized Representative

 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 "50A DEVELOPER 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 SECOND DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "50A DEVELOPER LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.

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



7101190 8300

SR# 20223922288

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204762812

Date: 11-02-22

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