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Foreign Limited Liability Company GEP XI RIDGEVIEW, LLC

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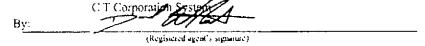
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me adopted for the purpose of transacting business in Flo.	ridu. The alternate name must include "Elimited Erabil	
		iry company, "-L.L.C," or "LLC.
ich foreign limited liability company is organized)	3(FEI number, v	
ыя тогенда пиплем наститу сотържну и огданияся)	(PEI number, 1	твррисавеј
(Date first transacted business in Plorida, it prior to re (See sections 605,0901 & 605,0905, F.S. to determin	gistration) c penalty liability)	
	465 Meeting Street	
	6. (Mailing Address)	
	Suite 500	202
	Charleston, SC 29403	2023 JAH + 6
of Florida registered agent: (P.O. Box	NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
C.T Corporation System		9: 21
1200 South Pine Island Road		
Plantation	33324 , Florida	
	of Florida registered agent: (P.O. Box C.T Corporation System 1200 South Pine Island Road	6. (Mailing Address) Suite 500 Charleston, SC 29403 of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System 1200 South Pine Island Road Plantation 33324 Florida

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.



8,	For initial indexing purposes.	list names,	title or capacity and	laddresses of the prima	ry members/managers	or persons	authorized to
ma	nage [up to six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
∐Manager	Name: Robert A, Faith	□Manager	Name: A. Joshua Carper
☐Member	Address: 465 Meeting Street	□Member	Address: 465 Meeting Street
□Authorized	Suite 500	∏Authorized	Suite 500
Person	Charleston, SC 29403	Person	Charleston, SC 29403
President		SOther Vice Presid	
□Manager	Wesley H. Fuller	□Manager	Name: William C. Maddux
□Member	Address: 465 Meeting Street	[]Member	Address: 465 Meeting Street
□Authorized	Suite 500	□Authorized	Suite 500
Person	Charleston, SC 29403	Person	Charleston, SC 29403
	lentOther	Vice Presid □Other	entOther
□Manager	Name: James O'Brien	ClManager	Name: J. Derek Ramsey
ElMember	Address: 465 Meeting Street	□Member	Address: 465 Meeting Street
□Authorized	Suite 500	□Authorized	Suite 500
Person	Charleston, SC 29403	Person	Charleston, SC 29403
Vice Presid		○Other Vice Presid	entOther

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	
J. Derek Ramsey	
lyred or orinted name of strate	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GEP XI RIDGEVIEW, 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 SIXTH DAY OF JANUARY, A.D. 2023.

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

at corp.delaware gov/autl

Authentication: 202436620

Date: 01-06-23