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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6393

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)209-0045
Fax Number : (614)393-9994

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

Email Address: _____

Foreign Limited Liability Company
ESS-FLAGSHIP PORT ORANGE FL SUB LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. ROBERTS

JAN 24 2023

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

IN COMPLIANCE WITH SECTION 905.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ESS-FLAGSHIP PORT ORANGE FL SUB 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 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4. FEBRUARY 15, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 2795 E. Cottonwood Pkwy, #400 6. 2795 E. Cottonwood Pkwy, #400
(Street Address of Principal Office) (Mailing Address)
Salt Lake City UT 84121 Salt Lake City UT 84121

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 33324
(City) (Zip code)
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.

By: C.T. Corporation System
(Registered agent's signature)

by Kaity Toon, Asst. Sect

2023 JAN 23 PM 9:45

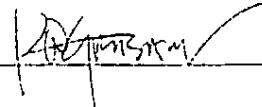
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Kirk Grimshaw</u>	☒ Manager	Name: <u>Scott Stubbs</u>
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>2795 E. Cottonwood Pkwy, #400</u>	☐ Authorized	<u>2795 E. Cottonwood Pkwy, #400</u>
Person	<u>Salt Lake City UT 84121</u>	Person	<u>Salt Lake City UT 84121</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☒ Manager	Name: <u>Gwyn G. McNeal</u>	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>2795 E. Cottonwood Pkwy, #400</u>	☐ Authorized	_____
Person	<u>Salt Lake City UT 84121</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ 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.



 Signature of an authorized person
 Kirk Grimshaw

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ESS-FLAGSHIP PORT ORANGE FL SUB 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 TWENTIETH DAY OF JANUARY, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

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SR# 20230202838

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

Authentication: 202537502

Date: 01-20-23