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ALLAHASSEE, FL

MAR 06 2023

S. Brumby

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 03/06/2023
Acc#I20160000072

W: C DW

Name:	Greystar Naples Development, LLC
Document #:	
Order #:	14814553

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Email Address for Annual Report Notifications:

matt.warren@greystar.com

Availability _____
Document _____
Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Greystar Naples Development, 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:

Matt Warren

Name of Person

Greystar Naples Development, LLC

Firm/Company

465 Meeting Street, Suite 500

Address

Charleston, SC 29403

City/State and Zip Code

matt.warren@greystar.com

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

For further information concerning this matter, please call:

Matt Warren

843

579-9400

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

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. Greystar Naples Development, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI 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. 465 Meeting Street, Suite 500
(Street Address of Principal Office)

6. 465 Meeting Street, Suite 500
(Mailing Address)

Charleston, SC 29403

Charleston, SC 29403

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

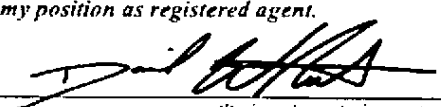
Name: C T Corporation System

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:  David Westcott, Assistant Secretary
(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>
<input type="checkbox"/> Manager	Name: Greystar Development, LLC	<input type="checkbox"/> Manager	Name: Matt Warren
<input checked="" type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500	<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500
<input type="checkbox"/> Authorized	Charleston, SC 29403	<input type="checkbox"/> Authorized	Charleston, SC 29403
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Michael Sullivan	<input type="checkbox"/> Manager	Name: Ana Pedrajo
<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500	<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500
<input type="checkbox"/> Authorized	Charleston, SC 29403	<input type="checkbox"/> Authorized	Charleston, SC 29403
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Lewis Stoneburner	<input type="checkbox"/> Manager	Name: Todd Wigfield
<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500	<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500
<input type="checkbox"/> Authorized	Charleston, SC 29403	<input type="checkbox"/> Authorized	Charleston, SC 29403
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<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

Matt Warren

Typed or printed name of signer

Attachment for Item 8 (List Additional Manager/Members)

1. **Name:** Robert A. Faith
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: President
2. **Name:** A. Joshua Carper
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
3. **Name:** Wesley H. Fuller
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
4. **Name:** William C. Maddux
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
5. **Name:** J. Derek Ramsey
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President, Secretary & Treasurer
6. **Name:** Ashley Heggie
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREYSTAR NAPLES DEVELOPMENT, 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 MARCH, A.D. 2023.

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



7142717 8300

SR# 20230875574

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202841767

Date: 03-06-23