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S. ROBERTS MAY 11 2263

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 731744 4300123

AUTHORIZATION :

COST LIMIT : \$ (1/25...00

ORDER DATE : May 10, 2023

ORDER TIME : 2:04 PM

ORDER NO. : 731744-005

CUSTOMER NO: 4300123

FOREIGN FILINGS

NAME: WATER TOWER WAY OWNER LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

Ir.cr	WAT	ER TOWER WAY OW	NER LLC			
JECI: _	ECT:					
enclosed "z	Application by Foreign Limited Liability	Company for Authorizati	on to Transact Business in Florida."			
	check are submitted to register the above					
e return al	correspondence concerning this matter t	o the following:				
	ADAM MCGOVERN					
		Name of Person				
	THE PRAEDIUM GROUP					
Firm/Company						
	733 THIRD AVENUE, 24TH FLOOR Address					
	NEW YORK, NY 10017					
	C	ity/State and Zip Code				
	amcgovern@praediumgroup.com					
	E-mail address: (to be	e used for future annual re	port notification)			
urther info	rmation concerning this matter, please ca	11:				
ADAM MCGOVERN		212	224-5653			
	Name of Contact Person	at () Area Code	Daytime Telephone Number			
	g Address:	Street Address:	.•			
Registration Section Division of Corporations		Registration Section Division of Corporations				
	3ox 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

WATER TOWER WA	Y OWNER LLC			
	Limited Liability Company; must include "Limit	ed Liability Compo	any," "L.L.C.," or "I.I.C.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in	Florida The alternate	name must include "Limited Liability C	ompany," "L.L.C," or "LLC.
Delaware 2		92-3 3	966349	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if ap	plicable)
upon registration				
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	o registration) nine penalty liability)		
c/o The Praedium G	roup	same		
(Street Address of Principal Office)		()	Mailing Address)	
733 Third Avenue, 24	4th floor			2023
New York, NY 10017				
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> accepta	able)	
Name:	Corporation Service Company		-	5.0.2 3.0.2
Office Address:	1201 Hays Street		-	
	Tallahassee		32301 _ , Florida	
	(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.

and accept the obligations of my position as registered agent.

Corporation Service Company

By:

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Water Tower Way Member LLC □Manager Name: _____ □Manager c/o The Praedium Group Address: _____ □Member ■Member 733 Third Avenue, 24th floor □ Authorized □ Authorized New York, NY 10017 Person Person □Other____ □Other_____ □Other____ □Other__ Name: _____ □Manager □Manager Name: _____ □Member Address: □Member Address: ______ ☐ Authorized ☐ Authorized Person Person □Other___ □Other _____ □Other___ □Other____ Name: _____ Name: ______ □Manager □Manager ☐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. Nonindexed 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. /s/ Adam McGovern Signature of an authorized person Adam McGovern

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WATER TOWER WAY OWNER 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 TENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATER TOWER WAY OWNER LLC" WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2023.

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

A STATE OF THE STA

Authentication: 203315452

Date: 05-10-23

7449003 8300 SR# 20231934142