Florda Department of State Division of Comparations & Inctronic Pling Caser Sheat

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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pbradshaw@rockpoint.com

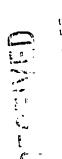
Foreign Limited Liability Company OCEAN WALK MF OWNER LLC

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

2023 HAY 19 AH 11: 59

FILED

6



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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ocean Walk MF Owner	r LLC				
(Name of Foreign	Limited Liability Company, must include "Limited	Liability (Company," "L. L.C.," or "LLC.")	· ·	
(If name smavailable, enter alternate t	anic adopted for the purpose of transacting business in Flo	orida The al	terrinte name must include "Limited Liability	y Company," "L.L.C," or "LLC	"າ
Delaware 2.	hich foreign limited liability company is organized)	3	(FEI number, if	analiashla)	
(Subjection Education St. 4)	men to committee moting company is digenseed		(T.E. Ruminer, TI	appronoie i	
N/A 4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	ability)	_	
Woodlawn Hall at Old Parkland			Woodlawn Hall at Old Parkland		
5. (Street Address of Principal Office)		6	(Mailing Address)		
3953 Maple Avenue, S	uite 300	3	953 Maple Avenue, Suite 300	_	63
Dallas, Texas 75219		ī	Dallas, Texas 75219	2023 HAY	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)	19	FILED
Name:	C T Corporation System			MH11: 59	
Office Address:	1200 South Pine Island Road	·		÷ 60°	
	Plantation		33324 , Florida		
	(Civ)	****	(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.

C T Corporation System

By: /s/ Sandra Zwijack, Assistant Secretary (Registered agert's signature)

8.	For initial indexing purposes, list names	title or capacity and addresses of the primary 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: Ron J. Hoyl	□Manager	Name:	
EMember .	Address: 3953 Maple Avenue, Ste 300 Dallas, TX 75219	□Member	Address:	
■Authorized	Dama, 175 /3217	□Authorized		
Person		Person		
FlOther President	Other	□Other		□Other
☐Manager	Name: Joseph Goldman	□Manager	Name:	_
□Member	Address: 500 Boylston Street, Ste 2100	□Member	Address:	
■ Authorized	Boston, MA 02116	□Authorized		
Person		Person		
(Other Mine Preprié	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	-7	
Person		Person		
□Other	Other	Other	 -	20ther

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 outborized person

Ron J. Hoyl, Authorized Person



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OCEAN WALK MF 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 SEVENTEENTH DAY OF MAY, A.D. 2023.

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

Authentication: 203370324

Date: 05-17-23

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