# M230000 12661

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 10/03/2023                            | -   |                                   | ⇔WALK IN⇔      |
|--|---|-----------------------------------|----------------|
| ENTITY NAME Keyston                        | ne-CMTI JV, LLC                                 |                                   |                |
| DOCUMENT NUMBER_                           |   |                                   |                |
|  | **PLEASE FILE THE 1                             | ATTACHED AND RETURN**             |                |
| XXXXXXX                                    | Plain Copy                                      |                                   |                |
|  | Certified Copy                                  |                                   |                |
|  | Certificate of Status                           |                                   |                |
| **7  | Certified Copy of Arts &                        |                                   |                |
|  | Certificate of Good Standin  **APOSTILLE' / NOT | TARIAL CERTIFICATION**            |                |
| COUNTRY OF DESTINAT<br>NUMBER OF CERTIFICA | •   |                                   | _ <del>_</del> |
| TOTAL OWED \$125                           |   | ACCOUNT #: 12016000007            | 2              |
| Please call Tina at the                    | the above number for an                         | y issues or concerns. Thank you s | o much!        |

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

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

| 1. Keystone-CMTLJV, LI                  |  | 4 0 1 2 4 - M                             | 1 7 7 1 10                                   |
|---|--|---|--|
| (Name of Foreign                        | Limited Liability Company, must include "Limite            | d Liability Company, T.J.C., or "         | 1.1.0 . 1                                    |
| If name wexavailable certer alternate o | arne adopted for the purpose of transacting business in Fl | orida. The alternate name must include "L | imited Liability Company," "LT C," or "LTC") |
| Georgia                                 |  |   |  |
| _ ~                                     | hich foreign limited liability company is organized)       | 3   | FEI number, if applicable)                   |
| 4                                       | (thate first transacted business in Florida, if prior to   | Pourettral u.n. I                         |  |
|   | (See sections 605,0904 & 605 0905, F.S. to determ          | ne penalty liability)                     |  |
| 597 Haverty Court, Ste<br>5.            | 120, Rockledge, FL 32955                                   | 1170 Peachtree St., S                     | Ste 1150, Atlanta, GA 30309                  |
| (Street Address of Principal Office)    |  | (Mailing Address)                         |  |
|   |  |   |  |
|   | · · · · · · · · · · · · · · · · · · ·                      |   |  |
|   |  |   |  |
|   | · · · · · · · · · · · · · · · · · · ·                      |   | 202  |
| 7. Name and street address              | a of Florida registered agent: (P.O. Box                   | NOT acceptable)                           | 2023 OCT                                     |
|   |  |   |  |
| Name:                                   | NRAI Services, Inc   |   |  |
| Name.                                   |  |   |  |
| Office Address:                         | 1200 South Pine Island Road                                |   | <u> </u>                                     |
| CHIEF HERICON                           |  |   | · <del></del>                                |
|   | Plantation   | 3332<br>, Florida                         | /4   |
|   | (Cay)  | - vzij                                    | p 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.

Patricia A. Boverie, Assistant Secretary

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]:

| Title or Capacity:       | Name and Address:                     | Title or Capacity: |                                       |
|--------------------------|---------------------------------------|--------------------|---------------------------------------|
| ∰Manager                 | Name: Kamau Smith                     | Manager            | Name: Trox Austell                    |
| □Member                  | Address: 1170 Peachtree St., Ste 1150 | □Member            | Address: 1170 Peachtree St., Ste 1150 |
| □Authorized              | Atlanta, GA 30309                     | □Authorized        | Atlanta, GA 30309                     |
| Person                   |                                       | Person             |                                       |
| □Other                   | Other                                 | Other              | Other                                 |
| □Manager                 | Name:                                 | □Manager           | Name:                                 |
| □Member                  | Address:                              | □Member            | Address:                              |
| □Authoriz <del>e</del> d | 1-1-1                                 | □Authorized        |                                       |
| Person                   |                                       | 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.

| Human tol S.   |                                   |
|----------------|-----------------------------------|
| 1 Carrow March | Signature of an authorized person |
| Kamau Smith    |                                   |
|                | Typed or printed name of signer   |

Control Number: 22112309

### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Keystone-CMTI JV, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26121396 Date Inc/Auth/Filed: 05/12/2022 Jurisdiction : Georgia Print Date : 10/02/2023

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State