

M24000002371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

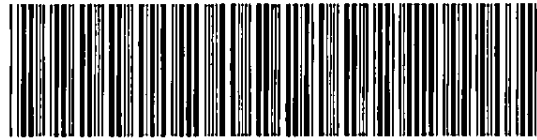
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K. Brumbley

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TALLAHASSEE, FLORIDA

NS

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/23/2024

Acc#120160000072

m: c Sullivan

Name:	GS BLAKE OWNER, LLC
Document #:	
Order #:	15397875 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

mike.sullivan@greystar.com

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

Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GS Blake Owner, 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:

Michael Sullivan

Name of Person

GS Blake Owner, LLC

Firm/Company

465 Meeting Street, Suite 500

Address

Charleston, South Carolina, 29403

City/State and Zip Code

mike.sullivan@greystar.com

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

For further information concerning this matter, please call:

Michael Sullivan

at (843)

714-2319

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. GS Blake Owner, 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. 93-355584
(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
(Street Address of Principal Office)

6. 465 Meeting Street
(Mailing Address)

Suite 500

Suite 500

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.

C T Corporation System
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: <u>GS Blake Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Robert A. Faith</u>
<input checked="" type="checkbox"/> Member	Address: <u>465 Meeting Street, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>465 Meeting Street, Suite 500</u>
<input type="checkbox"/> Authorized	<u>Charleston, SC 29403</u>	<input type="checkbox"/> Authorized	<u>Charleston, SC 29403</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>J. Derek Ramsey</u>	<input type="checkbox"/> Manager	Name: <u>Wesley H. Fuller</u>
<input type="checkbox"/> Member	Address: <u>465 Meeting Street, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>465 Meeting Street, Suite 500</u>
<input type="checkbox"/> Authorized	<u>Charleston, SC 29403</u>	<input type="checkbox"/> Authorized	<u>Charleston, SC 29403</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lewis Stoneburner</u>	<input type="checkbox"/> Manager	Name: <u>David King</u>
<input type="checkbox"/> Member	Address: <u>465 Meeting Street, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>465 Meeting Street, Suite 500</u>
<input type="checkbox"/> Authorized	<u>Charleston, SC 29403</u>	<input type="checkbox"/> Authorized	<u>Charleston, SC 29403</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<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

Michael Sullivan

Typed or printed name of signer

Attachment for Item 8 (List of Additional Managers/Members/Authorized Persons)

1. **Name:** Ashley Heggie
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
2. **Name:** Matthew Warren
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
3. **Name:** Todd Wigfield
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
4. **Name:** Michael Sullivan
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 "GS BLAKE 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2024.

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



2380439 8300

SR# 20240654301

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202873398

Date: 02-23-24