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Florida Department of State
Division of Corporations
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((H24000081004 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

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

Email Address: tpeterson@altmancos.com

Foreign Limited Liability Company
Lake Willis Owner, LLC

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SENT TO DIVISION OF STATE
TALLAHASSEE, FLORIDA

2024 FEB 29 AM 10:15

FILED

Fax Audit No. H24000081004 3

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

IN COMPLIANCE WITH SECTION 605.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lake Willis Owner, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

87-2548592

3. (EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.091 & 605.099, F.S. to determine penalty liability.)

201 East Las Olas Boulevard, Suite 1900

5. (Street Address of Principal Office)

Fort Lauderdale, FL 33301

201 East Las Olas Boulevard, Suite 1900

6. (Mailing Address)

Fort Lauderdale, FL 33301

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

Name: BCRA, LLC

Office Address: 1905 NW Corporate Boulevard, Suite 310

Boca Raton

(City)

33431, Florida

(Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

(Registered agent's signature)

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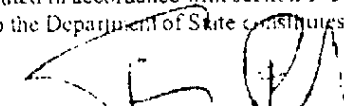
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Lake Willis Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Joel L. Altman</u>
<input type="checkbox"/> Member	Address: <u>201 East Las Olas Boulevard</u>	<input type="checkbox"/> Member	Address: <u>201 East Las Olas Boulevard</u>
<input type="checkbox"/> Authorized	Suite 1900	<input type="checkbox"/> Authorized	Suite 1900
Person	<u>Fort Lauderdale, FL 33301</u>	Person	<u>Fort Lauderdale, FL 33301</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Chairman</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Seth Wise</u>	<input type="checkbox"/> Manager	Name: <u>Jeffery A. Roberts</u>
<input type="checkbox"/> Member	Address: <u>201 East Las Olas Boulevard</u>	<input type="checkbox"/> Member	Address: <u>201 East Las Olas Boulevard</u>
<input type="checkbox"/> Authorized	Suite 1900	<input type="checkbox"/> Authorized	Suite 1900
Person	<u>Fort Lauderdale, FL 33301</u>	Person	<u>Fort Lauderdale, FL 33301</u>
<input checked="" type="checkbox"/> Other <u>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>Timothy A. Peterson</u>	<input type="checkbox"/> Manager	Name: <u>Robert Rabin</u>
<input type="checkbox"/> Member	Address: <u>201 East Las Olas Boulevard</u>	<input type="checkbox"/> Member	Address: <u>201 East Las Olas Boulevard</u>
<input type="checkbox"/> Authorized	Suite 1900	<input type="checkbox"/> Authorized	Suite 1900
Person	<u>Fort Lauderdale, FL 33301</u>	Person	<u>Fort Lauderdale, FL 33301</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>

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

Timothy A. Peterson, Vice President

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE WILLIS 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-EIGHTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE WILLIS OWNER, LLC" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2021.

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



6213528 8300

SR# 20240764232

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202907422

Date: 02-28-24