## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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.\*\*

nmasouras@gid.com Email Address:\_\_

## Foreign Limited Liability Company MAINSTAY HIGHWOODS PRESERVE LLC

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

Help

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19548277645

## 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 FOREX IN JUNITED DABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDAE

1. Mamstay Highwoods P	reserve LLC Limited Fiability Company: must include "Vimite	d Liability Company, ""L.E.C," or "L.F.	<del>(")</del>
	,		
t name unavailable, enter alternate n	iatio adopted to: the purpose of transacting husiness in F	lorida. The alternate name must include "famil	ted Underly Company T. L.C. 194 (4) C.1
Delaware	nich foreign lumied lightlift company is organized)	99-2276034 3.	namber, if updicable)
Oursell they under the law of m	nich foteilte juniteg frapatité combane, is estimised)	11413	mamber, if upplicable)
Upon filing			
·	(Date first transacted business in Florida, it pure to (See sections 103 G/01 & 605 G/03, F.S. to determ	registration) the penalty limbility)	
211 Perimeter Center I	Parkway, NE, Suite 900	211 Perimeter Center Pa	arkway, NE, Suite 900
), Street Address of Principal Office)		6 (Mailing Address)	
Atlanta, GA 30346		Atlanta, GA 30346	
			<i>(</i> )
			2024 APR
<ol> <li>Name and <u>street addres</u></li> </ol>	s of Florida registered agent (P.O. Box	: <u>NOT</u> acceptable)	
Name:	C T Corporation System		78-5 P
Office Address:	1200 South Pine Island Road		The state of the s
	Plantation	33324 , Florida	1:40
	(City)	(/ij: L	de)

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.

Bv:	C.T.Corporation System Sandra Zwpck, Assumm Secretary	Soudia Fugat		
(Registered agent's signature)				

DocuSign Envelope ID. DA00DE8A-B6C3-4DB9-82FD-8FE15D648DD8

\$.	or initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons	authorized to
ma	ge [up to six (6) total]	

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name. Jacob Berger	_ Manager	Name: Gregory E. Huas
⊒Membeι	Address:	□ Member	Address:
■ Authorized	Parkway NE, Suite 900	Authorized	High Street Tower, 27th Floor
Person	Atlanta, GA 30346	Person	Boston, MA 02110
□Other	Other	DOther	
□ Manager	Name:	□Manager	Name, Frank J. Huemmer
⊡Member :	Address: 125 High Street	I Member	Address:
■ Authorized	High Street Tower, 27th Floor	₹ Authorized	High Street Tower, 27th Floor
Person	Boston, MA 02110	<b>Pe</b> rson	Boston, MA 02110
Other	Other	□Other	
□Manager	Name:	⊒ Manager	Name: Andrew Zelman
Member	Address. 125 High Street	- Nember	Address: 211 Perimeter Center
<b>■</b> Authorized	High Street Tower, 27th Floor	■ Authorized         ■ Authorized	Parkway NE. Suite 900
Person	Boston, MA 02110	Person	Atlanta, GA 30346
TOther	<sup>—</sup> Other	Tother	

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 fellowy as provided for in \$.817.135, F.S.

Jacob Berger		
<u>— мастеми.</u>	Signature of an authorized person	
Jacob Berger		
	Transfer with a summer of commer	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAINSTAY HIGHWOODS PRESERVE 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 FIFTH DAY OF APRIL, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 203189872

Date: 04-05-24