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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

FILE 1ST

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 05/06/24
Order #: 1500514-1
Re: Zom Wp Doral Gp, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation
AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZOM WP Doral GP, 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:

Peter Schoemann, Esq.

Name of Person

Nelson Mullins Riley & Scarborough LLP

Firm/Company

390 North Orange Ave., Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

partnershipadmin@zomliving.com

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

For further information concerning this matter, please call:

Peter Schoemann, Esq.

407

669-4200

at (_____) _____

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. ZOM WP Doral GP, 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. 99-2837520
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2001 Summit Park Drive, Suite 300
(Street Address of Principal Office)

6. 2001 Summit Park Drive, Suite 300
(Mailing Address)

Orlando, FL 32810
Orlando, FL 32810

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

Name: Corporation Service Company

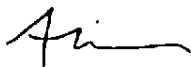
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2024 MAY -6 PM 5:11

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)

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:**

☒ Manager Name: ZF Development II, LP

☐ Member Address: 2001 Summit Park Drive

☐ Authorized Suite 300

Person Orlando, FL 32810

☐ Other ☐ Other

☐ Manager Name: Matthew W. Adler

☐ Member Address: 2001 Summit Park Drive

☐ Authorized Suite 300

Person Orlando, FL 32810

☒ Other Executive VP ☐ Other

☐ Manager Name: Graham D. Hatcher

☐ Member Address: 2001 Summit Park Drive

☐ Authorized Suite 300

Person Orlando, FL 32810

☒ Other Senior VP ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Gregory T. West

☐ Member Address: 2001 Summit Park Drive

☐ Authorized Suite 300

Person Orlando, FL 32810

☒ Other CEO/President ☐ Other

☐ Manager Name: Brian J. Warner

☐ Member Address: 2001 Summit Park Drive

☐ Authorized Suite 300

Person Orlando, FL 32810

☒ Other Executive VP, Treasurer, and CFO ☐ Other

☐ Manager Name: Kyle R. Clayton

☐ Member Address: 2001 Summit Park Drive

☐ Authorized Suite 300

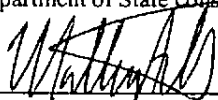
Person Orlando, FL 32810

☐ Other Senior VP ☐ 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

Matthew W. Adler, Executive Vice President

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZOM WP DORAL GP, 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 SIXTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZOM WP DORAL GP, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2024.

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



3577274 8300

SR# 20241873266

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: 203404022

Date: 05-06-24