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Florida Department of State  
Division of Corporations  
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To:

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

From:

Amy Patterson  
Account Name : FOUNDRY COMMERCIAL  
Account Number : I20220000005  
Phone : (407)250-7482 810-2065  
Fax Number : (407)796-9183

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

Email Address: amy.patterson@foundrycommercial.com

Foreign Limited Liability Company  
FOF 2 IOS Edgewood Owner, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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# 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. FOF 2 IOS Edgewood 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 applied for  
(Jurisdiction under the law of which foreign limited liability company is organized) 3. \_\_\_\_\_ (FEI number, if applicable)

4. \_\_\_\_\_ upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 420 S. Orange Ave. same as principal  
(Street Address of Principal Office) 6. \_\_\_\_\_ (Mailing Address)

Suite 400

Orlando, FL 32801

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

Name: Amy J Patterson

Office Address: 420 S. Orange Ave., Suite 400

Orlando, Florida 32801  
(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.

By: Amy J. Patterson  
(Registered agent's signature)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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: Pryse R. Elam	<input type="checkbox"/> Manager	Name: David Auld
<input type="checkbox"/> Member	Address: 120 E. Palmetto Park Rd.	<input type="checkbox"/> Member	Address: 120 E. Palmetto Park Rd
<input type="checkbox"/> Authorized	Suite 200	<input type="checkbox"/> Authorized	Suite 200
Person	Boca Raton, FL 33432	Person	Boca Raton, FL 33432
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: James Wells	<input type="checkbox"/> Manager	Name: Victor Rodriguez
<input type="checkbox"/> Member	Address: 3500 Maple Ave	<input type="checkbox"/> Member	Address: 2121 Ponce de Leon Blvd.
<input type="checkbox"/> Authorized	Suite 250	<input type="checkbox"/> Authorized	Suite 430
Person	Dallas, TX 75219	Person	Coral Gables, FL 33134
<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jonathan Balthrop	<input type="checkbox"/> Manager	Name: Paul B. Ellis
<input type="checkbox"/> Member	Address: 120 E. Palmetto Park Rd	<input type="checkbox"/> Member	Address: 420 S. Orange Ave.
<input type="checkbox"/> Authorized	Suite 200	<input type="checkbox"/> Authorized	Suite 400
Person	Boca Raton, FL 33432	Person	Orlando, FL 32801
<input checked="" type="checkbox"/> Other VP	<input type="checkbox"/> Other	<input type="checkbox"/> Other VP	<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.

Pryse R. Elam

Signature of an authorized person

Pryse R. Elam

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FOF 2 IOS EDGEWOOD 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 TENTH DAY OF JUNE, A.D. 2024.

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



3863895 8300

SR# 20242819166

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203666298

Date: 06-10-24