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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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## Foreign Limited Liability Company One Park Square Owner LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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## COVER LETTER

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SUBJI		ne Park Square Owner LLC			
	_	Nam	e of Limited Liability Company		
The en Exister	closed ". nce, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
Please	return al	I correspondence concerning this matter to	o the following:		
		Yvonne Owens			
	-		Name of Person		
	Firm/Company				
		300 N Main Street, Suite 402			
	1:		Address		
		Greenville, SC 29601			
	• ;	City/State and Zip Code			
		yowens@islecap.com			
		E-mail address: (to be	e used for future annual report notification)		
For fur	ther info	rmation concerning this matter, please cal	N:		
	Yvonne Owens		864 331-0307 at ( )		
		Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address: Registration Section		Street Address: Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Please	ned is a check for the following amount: make check payable to: FLORIDA DEP 15.00 Filing Fee S130.00 Filing Fee Certificate of	c & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: One Park Square Owner LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, crace alternate name adopted for the purpose of transacting business in Florida. The afternate same must include "Limited Liability Company," "L.L.C." or "LLC.") 99-3562746 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 6031 Connection Drive, Suite 200 300 N Main Street, Ste 402 (Street Address of Principal Office) Irving, TX 75039 Greenville, SC 29601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Agent Group Inc. Name: 801 U.S. Highway I

Registered agent's acceptance:

Office Address:

N. Palm Beach

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.

Lauren Underwood, Special Secretary
(Registered agent's signature)

e,

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:	Title or Capacity:	Name and Address:
	Name: One Park Square JV LLC	□Manager	Name: Katherine D. Furman
■ Member	Address: 6031 Connection Dr., Ste 200	□Member	Address: 717 Fifth Ave, 18th Floor
□Authorized	Irving, TX 75039	<b>■</b> Authorized	New York, NY 10022
Person		Person	
□Othér¹	□Other	Other	Other
□Manager	Name: Jeffrey T. Pisano	□Manager	Name: Yvonne Owens
□Member	Address: 717 Fifth Ave, 18th Floor	□Member	Address: 300 N Main Street, Ste 402
Authorized	New York, NY 10022	Authorized	Greenville, SC 29601
ine Person		Person	
□Other	□ Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Mcmber	Address:
☐ Authorized		□Authorized	
Person		Person	
□Other		□Other	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 Degartment of State constitutes a third degree felony/as provided for in s.817.155, F.S.

Signature of an authorized person

Yvonne Owens

Typed or printed name of signee

a.



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ONE PARK SQUARE 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 NINETEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE PARK SQUARE OWNER LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2024.

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

Sagar S

Authentication: 203744838

Date: 06-19-24