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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

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24 JUL 12 3:54 PM
TALLAHASSEE, FL

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

Email Address: registeredagent-wrl@shuffieldlowman.com

Foreign Limited Liability Company
DRE - Greystar West, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

JUL 15 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRE - Greystar West, 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.

William R. Lowman, Jr., Esq.
Name of Person
Shuffield, Lowman & Wilson, P.A.
Firm/Company
1000 Legion Place Ste 1700
Address
Orlando, FL 32801
City/State and Zip Code
Registeredagent-WRL@ShuffieldLowman.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Darlene Cristle 407 581-9800
Name of Contact Person at () 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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DRE - Greystar West, 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. APPLIED FOR
(Filing number, if applied for)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.004 & 605.005, F.S., to determine penalty liability.)

5. 941 W Morse Blvd
(Street Address of Principal Office)

6. 941 W Morse Blvd
(Mailing Address)

Suite 315 Suite 315

Winter Park, FL 32789 Winter Park, FL 32789

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

Name William R. Lowman, Jr.

Office Address: 1000 Legion Place Suite 1700

Orlando, Florida 32801
(City) (Zip code)

FILED
JUL 12 AM 4:30
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].

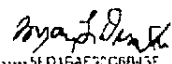
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mary L. Demetree</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>941 W Morse Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Suite 315</u> <u>Winter Park, FL 32789</u>	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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 TALLAHASSEE, FL
 STATE SECRETARY

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.

DocuSigned by:

 5F D16AF32C6B43F _____
 Signature of an authorized person

Authorized Representative

 Typed or printed name of signer

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRE - GREYSTAR WEST, 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 TWELFTH DAY OF JULY, A.D. 2024.

FILED
2024 JUL 12 AM 4:33
CORPORATION
TALLAHASSEE FL 32309



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4196112 8300

SR# 20243109905

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

Authentication: 203915279

Date: 07-12-24

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