

M24000013888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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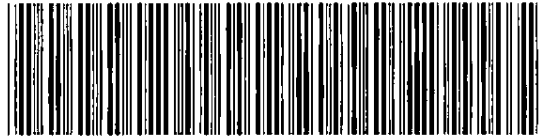
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

OCT 30 2024

K. Brumbley

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/31/2024

Acc#I20160000072

*Eric Dill*

Name:	GS Gateway II St Pete Development, LLC
Document #:	
Order #:	15949146

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Certificate of Good Standing:	<input type="checkbox"/>		
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

1. 2. 3.

GS Gateway II ST PETE DEVELOPMENT, LLC

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.

**Michael Sullivan**

GS Gateway II St Pete Development, LLC

465 Meeting Street, Suite 500

Charleston, South Carolina 29403

mike.sullivan@greystar.com

**For further information concerning this matter, please call:**

843

at (\_\_\_\_\_)

Area Code

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

☐ \$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. GS Gateway II St Pete Development, 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 3. 33-1378545  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>465 Meeting Street</u> (Street Address of Principal Office)	6. <u>465 Meeting Street</u> (Mailing Address)
<u>Suite 500</u>	<u>Suite 500</u>
<u>Charleston, SC 29403</u>	<u>Charleston, SC 29403</u>

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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**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.*

C T Corporation System  
By: /s/ David Westcott, Assistant Secretary  
(Registered agent's signature)

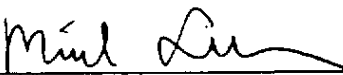
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Greystar Development, LLC	<input type="checkbox"/> Manager	Name: Greystar Development Enhancements, LLC
<input checked="" type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500	<input checked="" type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500
<input type="checkbox"/> Authorized	Charleston, South Carolina 29403	<input type="checkbox"/> Authorized	Charleston, South Carolina 29403
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Lewis Stoneburner	<input type="checkbox"/> Manager	Name: David King
<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500	<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500
<input type="checkbox"/> Authorized	Charleston, South Carolina 29403	<input type="checkbox"/> Authorized	Charleston, South Carolina 29403
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Katherine Danielowski	<input type="checkbox"/> Manager	Name: Bobby Crews
<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500	<input type="checkbox"/> Member	Address: 465 Meeting Street, Suite 500
<input type="checkbox"/> Authorized	Charleston, South Carolina 29403	<input type="checkbox"/> Authorized	Charleston, South Carolina 29403
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<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.

  
\_\_\_\_\_  
Signature of an authorized person

Michael Sullivan

Typed or printed name of signer

**Attachment for Item 8 (List of Additional Managers/Members/Authorized Persons)**

1. **Name:** Robert A. Faith  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** President
2. **Name:** J. Derek Ramsey  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President, Secretary & Treasurer
3. **Name:** A. Joshua Carper  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
4. **Name:** Wesley H. Fuller  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
5. **Name:** Anthony W. Dona  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
6. **Name:** Mary M. Hager  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
7. **Name:** Joseph J. Chu  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
8. **Name:** Kevin Scelfo  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
9. **Name:** Michael Sullivan  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
10. **Name:** Matt Warren  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
11. **Name:** Todd Wigfield  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President
12. **Name:** Ashley Heggie  
**Address:** 465 Meeting Street, Suite 500, Charleston, SC 29403  
**Title or Capacity:** Vice President

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "GS GATEWAY II ST PETE DEVELOPMENT,  
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 THIRTIETH DAY OF OCTOBER, A.D. 2024.

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



5404359 8300

SR# 20244087721

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204760650

Date: 10-30-24