

M240000 16156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

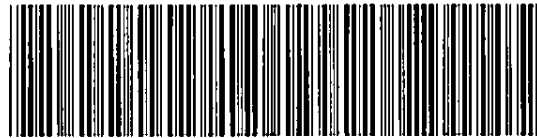
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

Date: 12/27/2024
Acc#120160000072

en: c DW

| | |
|-------------|-----------------------------|
| Name: | GDCB GAINESVILLE PROPCO LLC |
| Document #: | |
| Order #: | 16052350 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
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Email Address for Annual Report Notifications:

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| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

| |
|-------------------|
| Amount: \$ 155.00 |
|-------------------|

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GDCB UCF Propco 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:

Molly M. Stolmeier
Name of Person

Gilbane Development Company
Firm/Company

7 Jackson Walkway
Address

Providence, RI 02903
City/State and Zip Code

mstolmei@gilbaneco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly M. Stolmeier 614 493-6155
Name of Contact Person at () Daytime Telephone Number
Area Code

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. GDCB Gainesville Propco 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. _____
(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. 7 Jackson Walkway
(Street Address of Principal Office)

6. 7 Jackson Walkway
(Mailing Address)

Providence, RI 02903

Providence, RI 02903

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 DEC 27 AM 9:55

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: Sherry McGinnes Sherry McGinnes, Assistant Secretary
(Registered agent's signature)

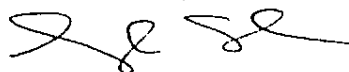
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>GDCB Gainesville Holdco LLC</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Gilbane Development Company</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>7 Jackson Walkway</u> | <input type="checkbox"/> Member | Address: <u>7 Jackson Walkway</u> |
| <input type="checkbox"/> Authorized | <u>Providence, RI 02903</u> | <input type="checkbox"/> Authorized | <u>Providence, RI 02903</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager | Name: <u>Molly M. Stolmeier</u> | <input type="checkbox"/> Manager | Name: <u>Matthew P. Lawrence</u> |
| <input type="checkbox"/> Member | Address: <u>7 Jackson Walkway</u> | <input type="checkbox"/> Member | Address: <u>7 Jackson Walkway</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Providence, RI 02903</u> | <input checked="" type="checkbox"/> Authorized | <u>Providence, RI 02903</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager | Name: <u>Russell Broderick</u> | <input type="checkbox"/> Manager | Name: <u>Torben Arend</u> |
| <input type="checkbox"/> Member | Address: <u>7 Jackson Walkway</u> | <input type="checkbox"/> Member | Address: <u>7 Jackson Walkway</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Providence, RI 02903</u> | <input checked="" type="checkbox"/> Authorized | <u>Providence, RI 02903</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |

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

Molly M. Stolmeier

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 "GDCB GAINESVILLE PROPCO 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2024.

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



10044819 8300

SR# 20244615696

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

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 205235684

Date: 12-27-24