

M25000001065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

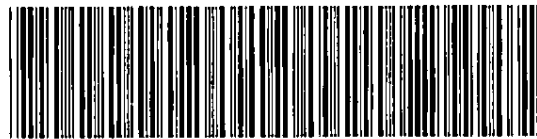
(Business Entity Name)

(Document Number)

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2025 JAN 24 AM 8:48
CLERK OF SUPERIOR COURT
JAN 24 2025

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2025 JAN 24 PM 3:22
CLERK OF SUPERIOR COURT
JAN 24 2025

JAN 25 2025

K. Brumley

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

Date: 01/24/2025

Acc#I20160000072

en: c DW

Name:	GS SRQ APT OWNER, LLC
Document #:	
Order #:	16110619

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GS SRQ Apt Owner, 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:

Michael Sullivan

Name of Person

GS SRQ Apt Owner, LLC

Firm/Company

465 Meeting Street, Suite 500

Address

Charleston, South Carolina 29403

City/State and Zip Code

mike.sullivan@greystar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Sullivan

843
at ()

714-2319

Name of Contact Person

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

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 SRQ Apt 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 465 Meeting Street, Suite 500
(Street Address of Principal Office)

6. 465 Meeting Street, Suite 500
(Mailing Address)

Charleston, South Carolina 29403

Charleston, South Carolina 29403

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)

APPROVED
AND
FILED
2025 JAN 24 AM 8:48
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, 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.

C T Corporation System /s/ David Westcott

(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: GS SRQ JV, LLC

☒ Member Address: 465 Meeting Street, Suite 500

☐ Authorized Charleston, South Carolina 29403

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: J. Derek Ramsey

☐ Member Address: 465 Meeting Street, Suite 500

☐ Authorized Charleston, South Carolina 29403

Person _____

☒ Other Vice President, Secretary & Treasurer ☐ Other _____

☐ Manager Name: David King

☐ Member Address: 465 Meeting Street, Suite 500

☐ Authorized Charleston, South Carolina 29403

Person _____

☒ Other Vice President ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert A. Faith

☐ Member Address: 465 Meeting Street, Suite 500

☐ Authorized Charleston, South Carolina 29403

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Michael Sullivan

☐ Member Address: 465 Meeting Street, Suite 500

☐ Authorized Charleston, South Carolina 29403

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Lewis Stoneburner

☐ Member Address: 465 Meeting Street, Suite 500

☐ Authorized Charleston, South Carolina 29403

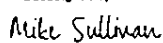
Person _____

☒ Other Vice President ☐ 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.

DocuSigned by:

 BS0BCE674267472
 Signature of an authorized person

Michael Sullivan

 Typed or printed name of signee

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

1. **Name:** Matthew Warren
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
2. **Name:** Wesley H. Fuller
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
3. **Name:** Ashley Heggie
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President
4. **Name:** Todd Wigfield
Address: 465 Meeting Street, Suite 500, Charleston, SC 29403
Title or Capacity: Vice President

Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GS SRQ APT 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2025.

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



10061286 8300

SR# 20250243919

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

A handwritten signature in black ink, appearing to read "Kristopher E. Knight", is written over a horizontal line.

Kristopher E. Knight, Acting Secretary of State

Authentication: 202771583

Date: 01-24-25