

M22000008349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

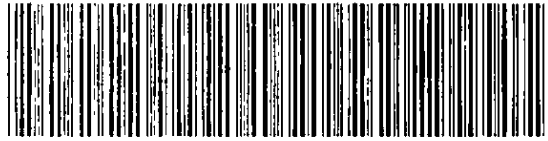
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY 26 AM 11:36


FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY 26 AM 11:48

RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 708233 4326321  
AUTHORIZATION :   
COST LIMIT : \$125.00

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ORDER DATE : May 25, 2022  
ORDER TIME : 9:41 AM  
ORDER NO. : 708233-005  
CUSTOMER NO: 4326321

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FOREIGN FILINGS

NAME: SHP BRICKELL JV TRS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX          PLAIN STAMPED COPY  
         CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

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. SHP Brickell JV TRS, 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. 88-2488437
(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. 13215 Bee Cave Pkwy, Suite B-300
(Street Address of Principal Office)

6. 13215 Bee Cave Pkwy, Suite B-300
(Mailing Address)

Austin, TX 78738

Austin, TX 78738

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.

Eyelina Baker
Assistant Vice President
(Registered agent's signature)

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MAY 26 AM 11:36
CORPORATION SERVICE COMPANY
TALLAHASSEE, FLORIDA

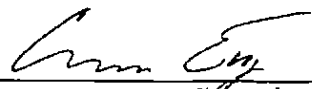
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Christopher Eng</u>                                       | <input type="checkbox"/> Manager                           | Name: <u>Jonathan Stanner</u>                                      |
| <input type="checkbox"/> Member                            | Address: _____   | <input type="checkbox"/> Member                            | Address: _____   |
| <input type="checkbox"/> Authorized Person                 | <u>13215 Bee Cave Pkwy, Suite B-300</u><br><u>Austin, TX 78738</u> | <input type="checkbox"/> Authorized Person                 | <u>13215 Bee Cave Pkwy, Suite B-300</u><br><u>Austin, TX 78738</u> |
| <input checked="" type="checkbox"/> Other <u>Secretary</u> | <input type="checkbox"/> Other _____                               | <input checked="" type="checkbox"/> Other <u>President</u> | <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 _____                               |

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

Christopher Eng  
\_\_\_\_\_  
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 "SHP BRICKELL JV TRS, 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-FIFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHP BRICKELL JV TRS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2022.

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



6816460 8300

SR# 20222326364

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.

Authentication: 203522584

Date: 05-25-22