

Ma20000007148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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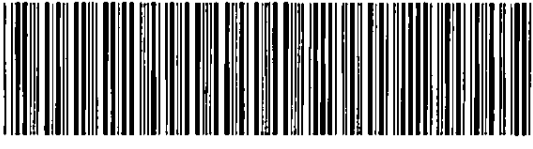
(Business Entity Name)

(Document Number)

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2022 MAY -9 AM 10: 02

SECTION OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 663697 / 4342390
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : May 6, 2022
ORDER TIME : 9:25 AM
ORDER NO. : 663697-005
CUSTOMER NO: 4342390

FILED
2022 MAY -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: BCPF CORAL SPRINGS PROPERTY
OWNER 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. BCPF Coral Springs Property 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 13, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

| | |
|--|---|
| <p>5. <u>c/o Barings LLC</u> <small>(Street Address of Principal Office)</small></p> <p><u>One Financial Plaza, Suite 1700</u></p> <p><u>Hartford, CT 06103</u></p> | <p>6. <u>c/o Barings LLC</u> <small>(Mailing Address)</small></p> <p><u>One Financial Plaza, Suite 1700</u></p> <p><u>Hartford, CT 06103</u></p> |
|--|---|

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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.

By: Eylina Okon
Assistant Vice President
(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>Cornerstone Patriot Holding LLC</u> | <input type="checkbox"/> Manager | Name: <u>Joseph Gorin</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>c/o Barings LLC</u> | <input type="checkbox"/> Member | Address: <u>c/o Barings LLC</u> |
| <input type="checkbox"/> Authorized | <u>One Financial Plaza, Suite 1700</u> | <input checked="" type="checkbox"/> Authorized | <u>One Financial Plaza, Suite 1700</u> |
| Person | <u>Hartford, CT 06103</u> | Person | <u>Hartford, CT 06103</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Mark Freeman</u> | <input type="checkbox"/> Manager | Name: <u>Maureen Joyce</u> |
| <input type="checkbox"/> Member | Address: <u>c/o Barings LLC</u> | <input type="checkbox"/> Member | Address: <u>c/o Barings LLC</u> |
| <input checked="" type="checkbox"/> Authorized | <u>One Financial Plaza, Suite 1700</u> | <input checked="" type="checkbox"/> Authorized | <u>One Financial Plaza, Suite 1700</u> |
| Person | <u>Hartford, CT 06103</u> | Person | <u>Hartford, CT 06103</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Deborah Schwartz</u> | <input type="checkbox"/> Manager | Name: <u>Payton Larson</u> |
| <input type="checkbox"/> Member | Address: <u>c/o Barings LLC</u> | <input type="checkbox"/> Member | Address: <u>c/o Barings LLC</u> |
| <input checked="" type="checkbox"/> Authorized | <u>One Financial Plaza, Suite 1700</u> | <input checked="" type="checkbox"/> Authorized | <u>One Financial Plaza, Suite 1700</u> |
| Person | <u>Hartford, CT 06103</u> | Person | <u>Hartford, CT 06103</u> |
| <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.

Payton Larson

 Signature of an authorized person

Payton Larson

 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BCPF CORAL SPRINGS PROPERTY 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 SIXTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCPF CORAL SPRINGS PROPERTY OWNER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2022.

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



6689962 8300

SR# 20221835668

You may verify this certificate online at 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: 203368569

Date: 05-06-22