

M23000003481

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURYS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lisa@jphrm.com

Foreign Limited Liability Company
Bryten Real Estate Partners, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 MAR 17 11:44:22

110

((H23000102494 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRYTEN REAL ESTATE PARTNERS, 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:

LISA ELLIS

.....
Name of Person

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP

.....
Firm/Company

490 1ST AVE. S., SUITE 700

.....
Address

ST. PETERSBURG, FL 33701

.....
City/State and Zip Code

LISAE@PPFIRM.COM

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

For further information concerning this matter, please call:

LISA ELLIS

727

330-3624

at (.....)

.....
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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BRYTEN REAL ESTATE PARTNERS, LLC
(Name of foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, cover alternate name adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. DELAWARE 3. 92-2744602
(Jurisdiction under the laws of which foreign limited liability company is organized) (Tax number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.093 & 605.095, F.S., to determine penalty liability.)

5. 11261 N. TATUM BLVD. 6. 11261 N. TATUM BLVD.
(Street Address of Principal Office) (Mailing Address)
SUITE 260 SUITE 260
PHOENIX, AZ 85028 PHOENIX, AZ 85028

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

Name: CHESTNUT BUSINESS SERVICES, LLC
Office Address: 490 1ST AVE. S., SUITE 700
ST. PETERSBURG, Florida 33701
(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.

[Signature]
(Registered agent's signature)

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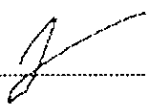
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MORRISON, EKRE & BART MANAGEMENT SERVICES, INC	<input checked="" type="checkbox"/> Manager	Name: MORRISON, EKRE & BART MANAGEMENT SERVICES, INC
<input type="checkbox"/> Member	Address: 11201 N. TATUM BLVD.	<input checked="" type="checkbox"/> Member	Address: 11201 N. TATUM BLVD.
<input type="checkbox"/> Authorized Person	SUITE 260 PHOENIX, AZ 85028	<input type="checkbox"/> Authorized Person	SUITE 260 PHOENIX, AZ 85028
<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
<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
 JOE EMERSON, AUTHORIZED PERSON

 Typed or printed name of signer

((H23000102494 3))

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRYTEN REAL ESTATE PARTNERS, 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 SIXTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRYTEN REAL ESTATE PARTNERS, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2023.

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



7328375 8300

SR# 20231024782

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State of Delaware, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202933608

Date: 03-16-23