

M23000007251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

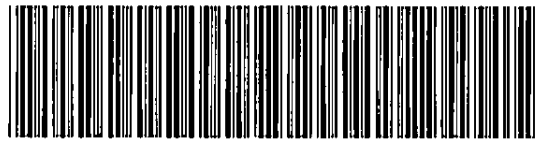
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2023 JUN -1 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUN -1 PM 3:29

W 23-29426

A. Jones

JR

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

ACCOUNT NO. : I20000000195  
REFERENCE : 784017 4311305  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

ORDER DATE : June 1, 2023  
ORDER TIME : 1:45 PM  
ORDER NO. : 784017-005  
CUSTOMER NO: 4311305

FOREIGN FILINGS

NAME: 6920 BLUEBONNET BOULEVARD 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: Alexxis Weiland-sorenson -- EXT#

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

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 6920 Bluebonnet Boulevard 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:

Robert Adjmi	_____
	Name of Person
BB Capital Acquisitions LLC	_____
	Firm/Company
c/o ACHS Management Corp., 1412 Broadway, 3rd Floor	_____
	Address
New York, New York 10018	_____
	City/State and Zip Code
bobby@acshny.com	_____
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Adjmi	212	398-3970
_____	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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2023

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: 6920 BLUEBONNET BOULEVARD LLC  
Ref. Number: W23000077426

We have received your document for 6920 BLUEBONNET BOULEVARD LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

Please provide the full address for the authorized persons.

If you have any questions concerning the filing of your document, please call  
(850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

Letter Number: 523A00012532

RECEIVED  
2023 JUN -5 PM 3:54  
TALLAHASSEE, FLORIDA

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. 6920 Bluebonnet Boulevard 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 Filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o ACHS Management Corp.,  
(Street Address of Principal Office)  
1412 Broadway, 3rd Floor  
New York, New York 10018

6. c/o ACHS Management Corp.,  
(Mailing Address)  
1412 Broadway, 3rd Floor  
New York, New York 10018

FILED  
2023 JUN -11 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Alexis Weiland-Spencer, ACP  
(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>ALR Realty Limited Partnership</u>	<input type="checkbox"/> Manager	Name: <u>RA Capital Holdings LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o ACHS Management Corp.,</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o ACHS Management Corp.,</u>
<input type="checkbox"/> Authorized Person	<u>1412 Broadway, 3rd Floor</u> <u>New york, New York 10018</u>	<input type="checkbox"/> Authorized Person	<u>1412 Broadway, 3rd Floor</u> <u>New york, New York 10018</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Terrapin CT LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Robert Adjmi</u>
<input checked="" type="checkbox"/> Member	Address: <u>11 Anita Avenue</u>	<input type="checkbox"/> Member	Address: <u>c/o ACHS Management Corp.,</u>
<input type="checkbox"/> Authorized Person	<u>Syosset, NY 11791</u>	<input type="checkbox"/> Authorized Person	<u>1412 Broadway, 3rd Floor</u> <u>New York, New York 10018</u>
<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.

/s/Robert Adjmi  
Signature of an authorized person

Robert Adjmi  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "6920 BLUEBONNET BOULEVARD 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 FIRST DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "6920 BLUEBONNET BOULEVARD LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2021.



6327068 8300

SR# 20232611474

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 in a small font.

Authentication: 203460731

Date: 06-01-23