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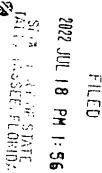
(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
(Busine	ss Entity Nam	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	

Office Use Only



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T. LEMIEUX

### **COVER LETTER**

TO: Registration Division of						
SUBJECT: Bea	con Place	Properties, Inc.				
30B3EC1		Name o	f corporation	on - m	ust include suffix	·
Dear Sir or Madan	1:					
	stence,"	or "Certificate o	of Good St	anding	" and check are sub	ct Business in Florida." omitted to register the
Please return all co	orrespond	lence concernin	g this matt	er to the	he following:	
Byron L McMasters						
			Name o	of Pers	on	
Beacon Place Prope	rties. Inc.					
			Firm/Co	mpan	y	
200 Scenic View Dr	ive					
	<del></del>		Ado	iress	· · · · = · ·	
Cumberland, RI 028	64					
<u>.</u>			City/State	and Z	ip code	
bmcmasters@inmus	icbrands.	com				
	]	E-mail address:	(to be used	d for fu	iture annual report i	notification)
For further inform	ation con	cerning this ma	tter, please	e call:		
Byron L McMasters		<b>:</b>	401 ut (	a Code Daytime Telephone Number		
Name of	erson	_	Area Co	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a chec Please make check p \$70.00 Filing F	ayable to		PARTMEN Fee &	□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 Filing Fee, Certificate of Status of

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "COI" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	RPORATION,"			
•				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose	of transacting business in Florida)			
2 Massachusetts 3.				
2. (State or country under the law of which it is incorporated) (FEI r	(FEI number, if applicable)			
February 8, 2017 5.				
4. (Date of incorporation) 5. (Date of durat	(Date of duration, if other than perpetual)			
6.				
(Date first transacted business in Florida, if prior to regi (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine p 7. 28 State Street, Boston, MA 02109				
(Principal office street address)				
200 Scenic View Drive, Cumberland, RI 02864	2022 FAI			
(Current mailing address, if different)	PALED JUL 18 PM 1: 5			
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptab	18 F			
Name: 1201 East Broward LLC				
Office Address: 1201 East Broward Blvd	ATE OPHON			
Fort Lauderdale , Florida 33301				
(City) (Zip o	code)			

#### 9. Registered agent's acceptance:

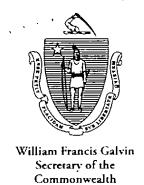
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	• •					
Chairman	Name:	□Chairman	Name:	n		
□Vice Chairman	Address: 1201 East Broward Blvd	□Vice Chairman	Address:			
<b>■</b> Director	Fort Lauderdale, FL 33301	□Director				
■ President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	□Secretary		□Treasurer		
□Other	Other	Other		□Other		
□Chairman	Name:	□Chairman	Name:	<u>,                                      </u>		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
Other	□Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President	-			
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer		
□Other	□ Other	□Other	<del></del>	□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 inter-when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer.						

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

June 21, 2022

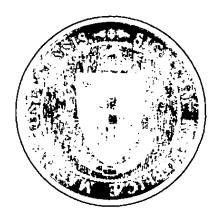
#### TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

#### BEACON PLACE PROPERTIES, INC.

was incorporated under the General Laws of this Commonwealth on February 8, 2017.

I further certify that no amendments to the Articles of Organization appear of record here and said corporation still has legal existence.



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galein