Florida Department of State

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To:

Division of Corporations

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: (850)617-6383

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Account Number : FCA000000023 Phone : (850)222-1092

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Foreign Limited Liability Company Broadstone at Brickell, LLC

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10/15/2014

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COVER LETTER

TO:	Registration Section Division of Corporations	ī		
SUBJEC	CT: Broadstone at Bricke	II, LLC		
		Name of Limite	l Lishilly Company	
The encl	osed "Application by Fore	ign Limited Liability Comp to register the above refer	eany for Authorization to Tra	nsact Business in Florida." Certificate of a company to transact business in Florida
Please re	eturn all correspondence co	oncerning this matter to the	following:	
	V. Jay Hiemenz		• •	
		N	une of Person	
	Broadstone at Br	ickell, LLC		
	<u></u>	Fi	ти/Сотралу	
	2415 E. Camelba	ck Road, Suite 600		
	* ***********************************		Address	
	Phoenix, Arizona	85016		
		City/S	ate and Zip Code	
	jhiemenz@allres			
		E-mail address: (to be use	for future annual report notific	eation)
For furth	ner information concerning	this matter, please call:		
	V. Jay Hiemenz		at (602) 778-2	800
	Name o	Contact Person		ytime Telephone Number
	MAILING ADDRESS: Division of Corporations		ET ADDRESS: n of Corporations	
	Registration Section P.O. Box 6327	. •	ution Section Building	
	Tallahassee, FL 32314	2661 E	xecutive Center Circle ssec, F1, 32301	
Enclos	ed is a check for the fe			
	□ \$125.00 Filling Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Broadstone at Brickell, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limit Liability Company," "L.I. C." or "LLC.")	ed
2. Delaware 3. N/A	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. Date of Filing	2 9
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	·
5	
24)5 E. Camelback Rd., Suite 600 Phoenix AZ 85016	紧带 5
(Street Address of Principal Office)	
6	5 × × ×
2415 E. Cumelback Rd., Suite 600 Phoenix AZ 85016	20 c
(Mailing Address)):• U
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
HRE Holdings, LLC, Member	
2415 E Camelback Rd., Suite 600, Phoenix, Arizona B5016	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office	ial
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation	ator
must be submitted)	
11Nm 1111	
Signature of an authorized person	
(In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein	are true, f
am swere that any false information submitted in a document to the Department of State constitutes a third degree felon) as provided for in a \$17 155, F.S.)	
V. Jay Hiemenz, Sole Member of IIRE Holdings, LLC Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

d the Florida street address o	of the registered agent and office are:	SECULIALISSEE TALLALISSEE
		frit.
C T Corporation System	(News)	rric.:
	(Nama)	*****
	(Name)	1951 1851
1200 South Pine Island Road		美科
Florida Street Addr	ress (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	
y at the place designated in the and agree to act in this capac to the proper and complete p utions of my position as regist	his certificate, I hereby accept the appointment ax city. I further agree to comply with the provisions of al- performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, Florida	
	Plantation med as registered agent and to y at the place designated in the and agree to act in this capa to the proper and complete pations of my position as register. C. T. Corporation Systems	City/State/Zip med as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate. I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of al to the proper and complete performance of my duties, and I am familiar with and attions of my position as registered agent as provided for in Chapter 605, Florida C T Corporation System Michael Jones

S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BROADSTONE AT BRICKELL, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5621750 8300

141294833

You may verify this cortificate online at corp. delaware. opv/authver. shtml

Jeffrey W. Bullock, Secretary of State

OTHENTY CATION: 1781507

DATE: 10-15-14