Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000221744 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

(850)205-8842 Phone Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company Bark Property Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

S Warren

SEP 08 2016

COVER LETTER

TQ:	Registration Section Division of Corporations				
etin ti	BARK PROPERTY MANAGEMENT,	LLC			
SOBUI	Name of	Limited Liability Com	mpany		
The en	iclosed "Application by Foreign Limited Liability Com- ince, and check are submitted to register the above refer	pany for Authorization enced foreign limited	on to Transact Business in Florida," Certificate of liability company to transact business in Florid	of la	
Please	return all correspondence concerning this matter to the	following:			
	LYLE S. GENIN				
Name of Person					
	BEERMANN PRITIKIN MIRABELLI SWERDLOVE LLP				
	Firm/Company				
	161 N. CLARK STREET, SUITE 2600				
Address					
	CHICAGO, ILLINOIS 60601				
	City/State and Zip Code				
CORPORATEPARALEGAL@BEERMANNLAW.COM					
	E-mail address: (to be use	d for future annual rep	eport notification)		
For fu	rther information concerning this matter, please call:				
	Lyle S. Genin or Stefania Pialis	at ()	621-9700		
	Name of Contact Person	Area Code	Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	D Ri Ci 28	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301		
Enclos	sed is a check for the following amount: \$\Bigsim \$125.00 \text{ Filing Fee } \Bigsim \$130.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 Filing F Certified Copy	Pee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

*.

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

IN COMPLIANCE HITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF IT.ORIDA: BARK PROPERTY MANAGEMENT, 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. DELÄWARE 81-3729550 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5300 BROKEN SOUND BLVD, NW, SUITE 110 BOCA RATON, FLORIDA 33487 (Street Address of Principal Office) 161 N. CLARK STREET, SUITE 2600 CHICAGO, ILLINOIS 60601 (Muiting Address). 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CIT CORPORATION SYSTEM Name: 1200 SOUTH PINE ISLAND ROAD Office Address: PLANTATION Florida. (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 complywith 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. James M. Halpin, Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JEFFREY A. LEVITETZ, MGR, 5300 BROKEN SOUND BLVD. NW, SUITE 110, BOCA RATON, FL 33487 ALAN RUTNER, PRES:/SEC., 5300 BROKEN SOUND BLVD, NW, SUITE 110, BOCA RATON, FL 33487 LYLE S. GENIN, ASSISTANT SEC., 161 N. CLARK STREET, SUITE 2600, CHICAGO, IL 60601 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)

Lyle S. Gonin, Assistant Secretary

Typed or printed name of signee

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.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BARK PROPERTY MANAGEMENT, 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 SECOND DAY OF SEPTEMBER, A.D. 2016.

6139729 8300

SR# 20165615883

You may verify this certificate online at corp.delaware.gov/authwer.shtml

July ray W. Disches, Most relay of Male

Authentication: 202932584

Date: 09-02-16