MILOOOSSA

(Re	equestor's Name)				
(Ad	dress)				
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PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:	:			
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SECRETARY OF STATE

D. BRUCE OCT 27 2016



COVER LETTER

TO:	Registration Section Division of Corporations	
SURJ	Brant Point Property Management, LLC	
CODO		nited Liability Company
		y for Authorization to Transact Business in Florida," Certificate of ed foreign limited liability company to transact business in Florida
Please	se return all correspondence concerning this matter to the fol	lowing:
	Kate Murphy	
	Nam	e of Person
	Brant Point Property Management, LLC	
	Firm	/Company
	1700 NW 66th Avenue, Suite 102	
	A	ddress ALS F
	Plantation, FL 33313	and Zip Code Table 7 PR 3: Total Code Secretary 10 Secr
	City/State	and Zip Code
	kmurphy@collinscp.com	English Services
For fur	E-mail address: (to be used for urther information concerning this matter, please call:	r future annual report notification)
	Kate Murphy	954 7462221 PART S
	Name of Contact Person	Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301
∃nclose		\$155.00 Filing Fee & \$\sim \$160.00 Filing Fee, Certificate of Status & Certified Conv



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2016

KATE MURPHY 1700 NW 66TH AVENUE, SUITE 102 PLANTATION, FL 33313

SUBJECT: BRANT POINT PROPERTY MANAGEMENT, LLC

Ref. Number: W16000070397

We have received your document for BRANT POINT PROPERTY MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, place (850) 245-6051.

Tanisha L Washington Regulatory Specialist II Letter Number: 216A0002215124 D & L

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 RUSINESS IN THE STATE OF FLORIDA.

(Name of For	eign Limited Liability Company; must include "Lim	ited Liability Company," "L.L	C.," or "LLC.")	
If name unavailable, enter a Liability Company," "L.L.C.	lternate name adopted for the purpose of transacting	business in Florida. The altern	nate name must incl	ude "Limited
• •	01.300	13257		
2. DE (Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if app	olicable)	
4. 9/1/16				
	(Date first transacted business in Florida, if	prior to registration.)	 _	,
1700 NW 66th Avenu	(See sections 605.0904 & 605.0905, F.S. to do e, Suite 102	etermine penalty flability)		
Plantation, FL 33313				
	(Street Address of Principal Office)		
6. PO Box 292037		······································		
Davie, FL 33329			2016 SEC ALL	
24.10,7.03.023	(Mailing Address)	——————————————————————————————————————	- AFE 19	ח
. Name and street addres	s of Florida registered agent: (P.O. Box NOT	acceptable)	24 ARY SSEI	m
Name:	Kate Murphy		- FR 0	()
Office Address:	1700 NW 66th Avenue, Suite 102		STATE LORID	
	Plantation	, Florida 33313	AGE 40	
	(City)	(Zip co	ode)	
Registered agent's accep				_
esignated in this applicate complywith the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and compy position as registered agent.	ered agent and agree to act	t in this capacity.	I further agre
	(Registered agent's sign	ature	·····	
The name title or conn	city and address of the person(s) who has/have	authority to manage infere:		
	66th Avenue, Suite 102, Plantation, FL 33313			
		<u>– Manag</u> ³³³¹⁶ – Manag	UY	
1. Austin Forman - 888 S	E 3rd Avenue, Suite 501, Fort Lauderdale, FL	13316 - Manag	er	
	of existence, no more than 90 days old, duly autof which it is organized. (If the certificate is in a bmitted) Signature of an authorized			

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.

Kate A. Murphy
Typed or printed name of signee

Page 1

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRANT POINT 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRANT POINT PROPERTY MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2016.

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

at corn delaware gov/aut

Authentication: 203014872

Date: 09-19-16