## M1700000011M

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300294951393





D. SCOTT FEB 2 2017

## **SUNSHINE CORPORATE**

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date: Name: Document #: Order #: Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Apostille/Notarial Country of Destination: Certification: Number of Certs: Filing: Certified: Plain: eogs: Availability \_\_\_\_\_ Document \_\_\_\_\_ Amount: \$ Examiner \_\_\_\_\_ Updater \_\_\_\_\_ Verifier \_\_\_\_ W.P. Verifier \_\_\_\_\_ Ref#

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Brookview Citrus Park			
(Name of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "L	.I.C,")
(If name unavailable, enter a Liability Company," "L.L.C,	lternate name adopted for the purpose of trans " or "LLC.")	acting business in Floridu. The alternate name	must include "Limited
2. Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. upon filing			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.:	ida, if prior to registration.)  S. to determine penalty liability)	
5. 3414 Forum Blvd, Sui	te 3, Fort Myers, FL 33905.		
	(Street Address of Principal	Office)	-'s <b>-</b>
6. 3414 Forum Blvd, Suite 3, Fort Myers, FL 33905.			28
6.			一般用用工
			一 表記 (一)
	(Mailing Address)		一 第三 一 m
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	David Ostreicher		90
Office Address:	3414 Forum Blvd, Suite 3		東部 足
	Fort Myers 33905	, Florida 33905 (Zip code)	
	(City)	(Zip code)	
designated in this applica to complywith the provision	gistered agent and to accept service of parties, I hereby accept the appointment as	rocess for the above stated limited liabilit registered agent and agree to act in this nd complete performance of my dutles, a	capacity. I further agree
	(Registered agen	t's signature)	
8. The name, title or capa David Ostreicher - author	acity and address of the person(s) who has	Thave authority to manage is/are:	
		1.700	
3414 Forum Blvd, Suite 3	8, Fort Myers, FE 33905		<u></u>
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be st</li> </ol>	of which it is organized. (If the certificate	uly authenticated by the official having cu is in a foreign language, a translation of the horized person	stody of records in the ne certificate under oath
This document is executed submitted in a document to	o the Department of State constitutes a thin	(b), Florida Statutes. I am aware that any fa d degree felony as provided for in s.817.1:	alse information 55, F.S.
	David Ostreicher		

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BROOKVIEW CITRUS PARK DE 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 FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKVIEW CITRUS

PARK DE LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D.

2017.

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

TALLAHASSE PLOBIDA

Authentication: 201965092

Date: 02-01-17

6301498 8300 SR# 20170571968