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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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1. BROOKSVILLE CORTEZ LLC

(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

COVER LETTER

	istration Section sion of Corporation	ns					
SUBJECT:	Brooksville Cortez	LLC					
Name of Limited Liability Company							
		eign Limited Liability Com d to register the above refer					
Please return	all correspondence o	concerning this matter to the	following:				
	Name of Person						
Firm/Company							
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Divis Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: \$\square\$ \$\square\$ 130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Brooksville Cortez LL			
(Name of For	eign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LL	C.")
(If name unavailable, enter a Liability Company," "L.L.C,		isacting business in Florida. The alternate name m	ust include "Limited
2. Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) S. to determine penalty liability)	
5. c/o RJ Brunelli & Co.,			
400 Perrine Road, Suit	te 405, Old Bridge, NJ 08857		50
	(Street Address of Principa	l Office)	→ £8
6. c/o RJ Brunelli & Co.,	LLC		FEB
400 Perrine Road, Sui	te 405, Old Bridge, NJ 08857		2 SS
	(Mailing Address))	10 11 C
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	3
Name:	NRAI Services, Inc.		9: 03
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of patients, I hereby accept the appointment a	process for the above stated limited liability of segistered agent and agree to act in this can and complete performance of my duties, and MICAGES MCM CAUS, Amin's signature)	pacity. I further agree d I am familiar with and
8. The name, title or capa	/ acity and address of the person(s) who ha	as/have authority to manage is/are:	
Richard Brunelli, Membe	Γ		
c/o RJ Brunelli & Co., LL	.C, 400 Perrine Road, Suite 405, Old Bri	idge, NJ 08857	
	of which it is organized. (If the certificat	duly authenticated by the official having custoe is in a foreign language, a translation of the	
) (b), Florida Statutes. I am aware that any fals ird degree felony as provided for in s.817.155	
	Dichard Dannelli		

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 "BROOKSVILLE CORTEZ 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 FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKSVILLE CORTEZ LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2016.

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

17 FEB -2 MH 9: U3

Jeffrey W. Bulliace, Secretary of State

Authentication: 201973114

Date: 02-02-17

6206330 8300 SR# 20170604998

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