# M18000006197

Office Use Only



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JIEGGETT JUL 06 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000001	95
	REFERENCE	: 287498	7595220
	AUTHORIZATION	: Squellike	Blow
	COST LIMIT	: \$125.00	
ORDER DATE :	July 5, 2018		
ORDER TIME :	2:09 PM		
ORDER NO. :	287498-010		
CUSTOMER NO:	7595220		
			<del></del>
	FOREIGN F	ILINGS	

NAME: BROOKE-MERRITT LLC

XXXX (	QUALIFI(	CATIO	N	(TYPE	: <u>LI</u>	ي)			
PLEASE	RETURN	THE	FOLL	OWING	AS	PROOF	OF	FILING:	
XX	CERTIE PLAIN CERTIE	STAM	PED (		STA	ANDING			

CONTACT PERSON: Emily Croft -- EXT# 62925

### COVER LETTER

.

TO:	Registration Division of C		s			
CHDIC	Brooke-N	derritt LLC				
SOBJE	C1	<del>. ••</del> •	Name of	Limited Liability C	onipany	-
The enc Existence	losed "Applica ce, and check a	tion by For re submitte	eign Limited Liability Comp d to register the above refere	oany for Authorizat enced foreign limite	ion to Tra ed liability	nsact Business in Florida," Certificate of company to transact business in Florida.
Please r	eturn all corres	pondenc <b>e</b> c	oncerning this matter to the	following:		
	Stev	en D. Blatt				
		·	N	ame of Person		
	Squ	ar Milner L	LP			
	<del></del>		F	rm/Company		
	111:	50 Santa M	onica Boulevard, Suite 600			
				Address		
	Los	Angeles, C	A 90025-0200			
			City/S	tate and Zip Code		
	sblatt	@squarmil				
			E-mail address: (to be use	d for future annual	report not	ification)
For furt	ther information	n concernin	g this matter, please call:			
	Steven D. Bl	att		310	826-369	
		Name o	of Contact Person	at ( Area Code	Day	time Telephone Number
	MAILING A Division of C Registration 3 P.O. Box 632	orporations Section		·	Division -	ADDRESS: of Corporations ion Section uilding
	Tallahassee,					ecutive Center Circle see, FL 32301
Enclose	ed is a check fo		ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin 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 (05:000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACTER SINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Li	mited Liabihi	y Company.""L L.C.," or "LEC	<del>")</del>
(If name unavailable, enter alternate n	and adopted for the purpose of transacting business is	n Florida. The :	itemate name must include "I, muted I	rability Company," "L. L. C." or "LLC")
2. Delaware		_ 3.	(FEI mu	
(Jurisdiction under the law of w)	high foreign housed liability company is organized)	_	an lift)	mber, it applicable)
4.				
	(Date first transacted business in Florida, it put (See sections 605 0904 & 605 0905, FS, to de	or to registratio termine penalty	n.) Habilaty)	
5. c/o Squar Milner; Attıı	: Steve Blatt	6.	c/o Squar Milner; Attn: S	iteve Blatt 📌 🙃
(Street Address of I	tincipal Other)			
11150 Santa Monica B			11150 Santa Monica Blvd	J., Stiffe 600
Los Angeles, CA 9002	5		Los Angeles, CA 90025	<u></u>
7. Name and street address	ss of Florida registered agent: (P.O. I	30x <u>NOT</u>	acceptable)	
Name:	Corporation Service Company			
	1201 Hays Street			دي. مو
Office Address:	1201 Hays Direct			,
	Tallahassee		, Florida <u>32301</u> (Zipe	<del></del>
	(City)		(Zip c	relet
Registered agent's accep				
Having been named as re designated in this applica to comply with the provise	gistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro s of my position as registered agent.	of process at as regist oper and co	for the above stated limite ered agent and agree to a amplete performance of m	ed liability company at the place of in this capacity. I further agree we duties, and I am familiar with Emily Croft
Having been named as re designated in this applica to comply with the provise	gistered agent and to accept service tion, I hereby accept the appointmen ions of all statutes relative to the pro s of my position as registered agent.	of process at as regist oper and co	for the above stated limite ered agent and agree to a amplete performance of m	ed liability company at the place of in this capacity. I further agree we duties, and I am familiar with Emily Croft
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10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

submitted in a document to the Department of State constitutes a paird degree felony as provided for in s.817.155, F.S.

#### Schedule 1

Manager: Joan Brooke

c/o Squar Milner LLP Attn: Steven D. Blatt

11150 Santa Monica Boulevard, Suite 600

Los Angeles, CA 90025

Manager: Steven D. Blatt

Squar Milner LLP

11150 Santa Monica Boulevard, Suite 600

Los Angeles, CA 90025

Member: Joan Brooke, Trustee of the Joan Brooke Trust u/t/a dated January 19, 1999

c/o Squar Milner LLP Attn: Steven D. Blatt

11150 Santa Monica Boulevard, Suite 600

Los Angeles, CA 90025

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BROOKE-MERRITT 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 FIFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKE-MERRITT LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2018.

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



Jeffrey W. Bullech, Secretary of State

Authentication: 203013006