

M19000002906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File 2nd

W19-27796 Mgrs

Office Use Only



500326706015

FILED
19 MAR 20 AM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/21/19--01001--003 **215.00

K. SALY
MAR 26 2019

19 MAR 20 PM 3:16

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 3/20/2019

1-2 Filing File Second
****WALK IN****

ENTITY NAME BREF 1900 LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX *Plain Copy*
XXXX *Certified Copy*
XXXX *Certificate of Status*

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ *Certified Copy of Arts & Amendments*
_____ *Certificate of Good Standing*

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 160

CHECK # 5907

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: BREF 1900 LLC
Ref. Number: W19000027796

*Corrected - Please
allow for orig file date.
Please return Certcopy +
Cer of
Status.
granks.*

We have received your document for BREF 1900 LLC and your check(s) totaling \$160.00. 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.

There appears to be a misspelling of the registered agents name also. Is it Malcom or Malcolm?,

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, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 919A00005605

19 MAR 25 PM 01:28

BREF 1900 LLC
6820 Lyons Technology Circle, Suite 100
Coconut Creek, FL 33073

March ^{13th} 2019

Department of State of Florida
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: Consent to Use Name for Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida (the "Application").

Ladies and Gentlemen:

Prior to filing its Articles of Conversion to a Delaware entity on March 15, 2019, the undersigned was a Florida limited liability company registered with the Division of Corporations of Florida under Document No. L17000020837 ("BREF Florida"). The undersigned hereby gives permission and consent for BREF 1900 LLC, a Delaware limited liability company ("BREF Delaware") to use the name "BREF 1900 LLC", in order for BREF Delaware to submit its Application for Authorization to Transact Business in Florida, and to use said name for all business purposes within and without the State of Florida.

If you have any questions, please contact me at (954) 312-2400.

Sincerely,

BREF 1900 LLC,
a Florida limited liability company

By: Butters Manager II LLC,
a Florida limited liability company,
its Manager

By: 
Malcolm Butters, Manager

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 BUSINESS IN THE STATE OF FLORIDA:

1. BREF 1900 LLC, a Delaware limited liability company
(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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Malcolm Butters
(Street Address of Principal Office)

6. c/o Malcolm Butters
(Mailing Address)

6820 Lyons Technology Circle, Suite 100

6820 Lyons Technology Circle, Suite 100

Coconut Creek, FL 33073

Coconut Creek, FL 33073

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Malcolm Butters

Office Address: 6820 Lyons Technology Circle, Suite 100

Coconut Creek 33073
(City) , Florida (Zip code)

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TALLAHASSEE, FLORIDA

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 comply with 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.

(Signature)
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Butters Manager II LLC
☐ Member Address: 6820 Lyons Technology Circle
☐ Authorized Suite 100
Person Coconut Creek, FL 33073
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Malcolm Butters
☐ Member Address: 6820 Lyons Technology Circle
☐ Authorized Suite 100
Person Coconut Creek, FL 33073
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

Authorized Person(s)

Malcolm Butters
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BREF 1900 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 TWENTIETH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREF 1900 LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2019.

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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7327406 8300

SR# 20192126554

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202478975

Date: 03-20-19