## M19000005614

| (District Advanced in the Control of |
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| (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:  |
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Office Use Only



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GHARD

BKINSEY

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 794689 4374695

AUTHORIZATION

COST LIMIT : \$\int\_25.00

ORDER DATE: June 6, 2019

ORDER TIME : 8:50 AM

ORDER NO. : 794689-030

CUSTOMER NO: 4374695

## FOREIGN FILINGS

NAME: BROOKWOOD COMMERCIAL PLACE,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

Registration Section Division of Corporations

TO:

|  | Name o  | f Limited Liability                       | Company  | ,   | <del></del>             |                    |
|--|---|---|--|---|-------------------------|--------------------|
| The enclosed "Application by Existence, and check are subm   | Foreign Limited Liability Cor<br>itted to register the above refe | mpany for Authoriz<br>crenced foreign lim | ation to T<br>ited liabili                     | ransact Business in Florida<br>ity company to transact bu                           | a," Certif<br>siness in | ficate (<br>Florid |
| Please return all correspondence   | e concerning this matter to the                                   | e following:                              |  |   |                         |                    |
| Nicole Reev  | es  |   |  |   |                         |                    |
| -  | )   | Name of Person                            |  | · · · · · · · · · · · · · · · · · · ·   | _                       |                    |
| Brookwood  | Financial Partners, LLC   |   |  |   |                         |                    |
| <del></del>  |   | Firm/Company                              |  |   | <del></del>             |                    |
| 138 Conant S   | Street  |   |  |   |                         |                    |
|  |   | Address                                   |  |   | <del></del>             |                    |
| Beverly, MA  | 01915   |   |  |   |                         |                    |
|  | City/   | State and Zip Code                        |  | <del></del> -   | -<br>- <u>2</u>         | . الم              |
| nreeves@broo   | kwoodfinancial.com  |   |  |   | ջուր Ս                  |                    |
| <del></del>  | E-mail address: (to be use  | d for future annua                        | report no                                      | tification)   | _ <u></u>               | •                  |
| For further information concern  | ing this matter, please call:                                     |   |  |   | 1                       | *                  |
| Marcia Strouss   |   | 978<br>at (                               | 720-75   | 500   | <u> </u>                | ħ                  |
| Name   | of Contact Person   | Area Code                                 | Day  | ytime Telephone Number  | - : :22                 |                    |
| MAILING ADDRESS<br>Division of Corporation<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |   |   | Division<br>Registrat<br>Clifton B<br>2661 Exe | r ADDRESS: of Corporations ion Section suilding coutive Center Circle see, FL 32301 |                         |                    |
| Enclosed is a check for the follo  ☐ \$125.00 Filing Fee   | wing amount:  \$130.00 Filing Fee & Certificate of Status         | S155.00 Filin<br>Centified Copy           | g Fee &  | ☐ \$160.00 Filing Fee, C<br>of Status & Certified Co                                |                         | =                  |

## 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:

| If name unavailable, enter alternate   | name adopted for the purpose of transacting business in Flo   | orida. The alternate name must include "Limited Lis  | bility Company," "L.L.C." or "LLC.")   |
|--|---|--|--|
| Delaware   |   | 3. 84-1808607  |  |
| (Jurisdiction under the law of v   | which foreign limited liability company is organized)   | (FEI num   | ber, if applicable)  |
|  |   |  | 23   |
|  | (Date first transacted business in Florida, if prior to<br>(See sections 605 0904 & 603,0905, F.S. to determ  | negistration.) sine penolty liability)   | <del></del>  |
| 138 Conant Street  |   | 6. 138 Conant Street   |  |
| (Street Address of<br>Beverly, MA 01915  | Principal Office)   | (Mailing Add<br>Beverly, MA 01915  | (2) 1.1.1 (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4   |
|  |   | Beverly, MA 01913  | <i>7</i> .   |
|  |   |  | <u></u>  |
| Name and street addres   | ss of Florida registered agent: (P.O. Box   | NOT acceptable)  | 65<br>11<br>3  |
|  | Corporation Service Company   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   | 25   |
| Name:  |   | <del></del>  |  |
| Office Address:  | 1201 Hays Street  | <del></del>  |  |
|  | Taliahassee   | , Florida 32301 (Zip code  |  |
| egistered agent's accep  | (City)  | (Zip code  | <u></u>  |
| comply with the provisi  | ion, I hereby accept the appointment as ions of all statutes relative to the proper s of my polition as registered agent.  Corporation, Serice Company  By:  (Registered agent's s  | HIIIA Roxanne Ti   | luties, and I am familiar wil<br>Urner   |
| compty with the provisi<br>d accept the obligations  | cons of all statutes relative to the proper s of pay position as registered agent.  Corporation Serice Company  By:  (Registered agent's s  | Roxanne Ti Asst. Vice Pre  | luties, and I am familiar wit<br>Urner   |
| compty with the provisi<br>d accept the obligations  | cons of all statutes relative to the proper sof my polition as registered agent.  Corporation Serice Company By:  | Roxanne Ti Asst. Vice Pre  | luties, and I am familiar wit<br>Urner   |
| comply with the provision accept the obligations  The name, title or capa  | cons of all statutes relative to the proper s of my polition as registered agent.  Corporation Serice Company  By:  IRegistered agent's s  acity and address of the person(s) who has Name and Address:  Thomas Nicholas Trkla  | Roxanne To Asst. Vice Proshlave authority to manage is/are:  | luties, and I am familiar wid<br>urner<br><del>9</del> sident  |
| The name, title or capa  | cons of all statutes relative to the proper s of my position as registered agent.  Corporation Serice Company  By:  (Registered agent's s acity and address of the person(s) who has Name and Address:  | Roxanne To Asst. Vice Proshlave authority to manage is/are:  | luties, and I am familiar wid<br>urner<br><del>9</del> sident  |
| The name, title or capa  | Corporation as registered agent.  Corporation Serice Company By:  IRegistered agent's sericty and address of the person(s) who has Name and Address:  Thomas Nicholas Trkla  138 Conant Street  | Roxanne To Asst. Vice Proshlave authority to manage is/are:  | luties, and I am familiar wid<br>urner<br><del>9</del> sident  |
| comply with the provisi d accept the obligations  The name, title or capa <u>Title or Capacity:</u> Manager  | cons of all statutes relative to the proper s of any polition as registered agent.  Corporation Serice Company By:  IRegistered agent's s  Incity and address of the person(s) who has Name and Address:  Thomas Nicholas Trkla  138 Conant Street  Beverly, MA 01915   | Roxanne To Asst. Vice Proshlave authority to manage is/are:  | luties, and I am familiar wid<br>urner<br><del>9</del> sident  |
| The name, title or capa Title or Capacity: Manager  Manager  | corporation as registered agent. Corporation Serice Company By:  Registered agent's sericty and address of the person(s) who has Name and Address:  Thomas Nicholas Trkla  138 Conant Street Beverly, MA 01915  Thomas Brown  138 Conant Street Beverly, MA 01915   | Roxanne To Asst. Vice Proshlave authority to manage is/are:  | luties, and I am familiar wil<br>urner<br><del>9810</del> ent  |
| The name, title or capa Title or Capacity: Manager  Manager  | corporation as registered agent. Corporation Service Company By:  Registered agent's service and address of the person(s) who has a Name and Address:  Thomas Nicholas Trkla  138 Conant Street Beverly, MA 01915  Thomas Brown  138 Conant Street Beverly, MA 01915  | Roxanne Ti Asst. Vice Press/have authority to manage is/are:  Title or Capacity:   | Juties, and I am familiar with the property of |
| The name, title or capa Title or Capacity: Manager  Manager  Manager  Matached is a certificate of sediction under the law of  | corporation as registered agent.  Corporation Service Company By:  Registered agent's service and address of the person(s) who has a new and Address:  Thomas Nicholas Trkla  138 Conant Street Beverly, MA 01915  Thomas Brown  138 Conant Street Beverly, MA 01915  ary)  of existence, no more than 90 days old, diff which it is organized. (If the certificate   | Roxanne To Asst. Vice Prostate or Capacity:  | Juries, and I am familiar with the Side of |
| The name, title or capa Title or Capacity: Manager  Manager  Matached is a certificate of sdiction under the law of the provision of the capacity:   | corporation as registered agent.  Corporation Service Company By:  Registered agent's service and address of the person(s) who has a new and Address:  Thomas Nicholas Trkla  138 Conant Street Beverly, MA 01915  Thomas Brown  138 Conant Street Beverly, MA 01915  ary)  of existence, no more than 90 days old, diff which it is organized. (If the certificate   | Roxanne To Asst. Vice Prostate or Capacity:  | Juries, and I am familiar with the Side of |
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| The name, title or capa Title or Capacity: Manager  Manager  Matached is a certificate of isdiction under the law of the translator must be sulfitted in a document to institute of instituted in a document to institute in a document to institute of instituted in a document to institute of in | Corporation as registered agent. Corporation Service Company By:  Registered agent's a  IRegistered AGENT | Roxanne To Asst. Vice Prospective Title or Capacity:  uly authenticated by the official have is in a foreign language, a translation of the compact of the c | Urner OSIDENT  Name and Address:  ing custody of records in the of the certificate under out that any false information  |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BROOKWOOD COMMERCIAL PLACE, 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 SIXTEENTH DAY OF MAY, A.D. 2019.

at corp.delaware.gov/aut

Authentication: 202843308

Date: 05-16-19