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B KINSEY JUN 1 0 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 794689 4374695

AUTHORIZATION : Capella Belle 1

COST LIMIT : \$ \frac{42}{20} \cdot 00

ORDER DATE : June 6, 2019

ORDER TIME : 8:51 AM

ORDER NO. : 794689-035

CUSTOMER NO: 4374695

FOREIGN FILINGS

NAME: BROOKWOOD LAKESIDE PLANTATION,

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

	istration Section sion of Corporation	ns				
SUBJECT:	Brookwood Lakesie	de Plantation, LLC				
SUBJECT.	Name of Limited Liability Company					
The enclosed Existence, an	"Application by Fold check are submitted	reign Limited Liability Comp ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tra ited liability	ansact Business in Florida," y company to transact busir	Certificate of ness in Florida.
Please return	all correspondence	concerning this matter to the	following:			
	Nicole Reeves					
		N	ame of Person			
	Brookwood Fir	nancial Paraners, LLC				
		F	irm/Company			
	138 Conant Str	c et				
Address						
	Beverly, MA	01915				
		City/S	tate and Zip Code	;		obed Section
	nreeves@brookv	voodfinancial.com				
		E-mail address: (to be use	d for future annua	l report no	ification)	
For further in	formation concernin	g this matter, please call:				
Mar	cia Strouss		978 at (720-75	00	- 33 - 33
 -	Name o	f Contact Person	Area Code	Day	time Telephone Number	သ
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, 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: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		☐ \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ac.		ume adopted for the purpose of transacting business in Flo	orida. The alternate name must include "I imited [12]	believ Company " "L.J. (" " or "LLC ")
	Delaware	usine adopted for the purpose of transacting oursiness sicra	3. 84-1808723	and Company.
2		hich foreign lumited liability company is organized)	(FEI numb	er, if applicable)
4.		(Date first transacted business in Florida (Capacita	aveidration)	_
		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ		
5.	138 Conant Street	Principal Office)	6. 138 Conant Street (Mailing Addi	ress)
	Beverly, MA 01915		Beverly, MA 01915	
				9 9 5
7.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Name:	Corporation Service Company		
	Office Address:	1201 Hays Street		
		Taliahassee	, Florida _32301	= -
ъ.	gistered agent's accep	(City)	(Zip code	 ω
	•	s of my position as registered age (i. Corporation Service Company By:		nne Turner ce President
	The name, title or capa	Corporation Service Company (Registered agent's acity and address of the person(s) who have	Asst. Vic	ce President
	The name, title or capa <u>Title or Capacity:</u>	Corporation Service Company By: (Registered agent's acity and address of the person(s) who have a service company Name and Address:	Asst. Vic	
	The name, title or capa	Corporation Service Company (Registered agent's acity and address of the person(s) who have	Asst. Vic	ce President
	The name, title or capa <u>Title or Capacity:</u>	Corporation Strice Company By: (Registered agent's recity and address of the person(s) who has a new name and Address: Thomas Nicholas Trkla 138 Conant Street Beverly, MA 01915 Thomas Brown	Asst. Vic	ce President
	The name, title or capa Title or Capacity: Manager	Corporation Strice Company By: (Registered agent's recity and address of the person(s) who has Name and Address: Thomas Nicholas Trkla 138 Conant Street Beverly, MA 01915	Asst. Vic	ce President
8.	The name, title or capa Title or Capacity: Manager	Corporation Strice Company By: (Registered agent's recity and address of the person(s) who has a new solution of the person of	Asst. Vic	ce President
8. 9. <i>i</i> juri	The name, title or capa Title or Capacity: Manager Manager se attachments if necess Attached is a certificate	Corporation Service Company By: (Registered agent's recity 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 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	Asst. Vic	Name and Address:
8. / (U 9. / juri of t	The name, title or capa Title or Capacity: Manager Manager Se attachments if necess Attached is a certificate is diction under the law othe translator must be sufficient to the translator must	Corporation Service Company By: (Registered agent's recity 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 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	Asst. Vic	Name and Address: ving custody of records in the on of the certificate under oath
8. / (U 9. / juri of t	The name, title or capa Title or Capacity: Manager Manager Se attachments if necess Attached is a certificate is diction under the law othe translator must be sufficient to the translator must	Corporation Strice Company By: (Registered agent's active 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 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) atted in accordance with section 605.0203	Asst. Vic	Name and Address: ving custody of records in the on of the certificate under oath
8. / (U 9. / juri of t	The name, title or capa Title or Capacity: Manager Manager Se attachments if necess Attached is a certificate is diction under the law othe translator must be sufficient to the translator must	Corporation Strice Company By: (Registered agent's active 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 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) atted in accordance with section 605.0203	Asst. Vic	Name and Address: ving custody of records in the on of the certificate under oath

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BROOKWOOD LAKESIDE PLANTATION, 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.

Authentication: 202843317

Date: 05-16-19

7423123 8300 5R# 20194024511