## M90000146

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

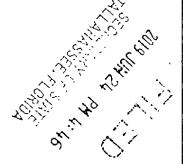
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/24/2019	<u></u>
Name: Merritt V	Valker
Reference #: 109	
	CIVIEDOE DOOJECT COMPANY 11C
✓ Articles of Incorporat ☐ Amendment	ion/Authorization to Transact Business
☐ Change of Agent	H 4: 46
☐ Reinstatement	, and the second
<ul><li>☐ Merger</li><li>☐ Dissolution/Withdraw</li></ul>	al
Fictitious Name	
✓ Other	CERTIFIED COPY OF THE FILING EVIDENCE
Authorized Amount:	\$155
Signature:	1.3340

F: 800.944.6607

## COVER LETTER

TO: Registra	ation Section 1 of Corporations
	DC Rockledge Project Company, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed "A Existence, and c	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this matter to the following:
	Michael W. Brennan, Vice President  Name of Person  Clo Brennan Investment Group
	Name of Person
	C/O DIOINIGHT NEW COLUMN COLUM
•	Firm/Company
	9450 West Bryn Mawr Ave, Suite 750
	Address
	Rosemont, Illinois 60018
	City/State and Zip Code
	mbrennan@brennanlic.com
	H-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
	Michael W. Brennan at 847 813-6810  Area Code Daytime Telephone Number
	Name of Contact Person
Divi	ILING ADDRESS:  Sion of Corporations  Registration Section
Reg	istration Section Clifton Building Box 6327 2661 Executive Center Circle
Tall	ahassee, FL 32314 Tallahassee, FL 32301
Plea	closed is a check for the following amount:  ase make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\sum \text{\$160.00 Filing Fee, Certificate}}\$  Certificate of Status Certified Copy  Certificate of Status

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

APPLICATION BY FOREIGN EIGHT ED EIGHT IN FLOR	RIDA
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
BO DESIGNAD PINICI	Company, LLC
(Name of Foreign Limited Liability Company; must include "Limited L	anning Company, 2.300, 1
	The bound page grant include "Limited Liability Company," "LLC," or "LLC.")
(II name unavailable, enter alternate name adopted for the purpose of transacting business in Florida	. The atternate many times to the state of t
Delaware	3(FEI number, if applicable)
2. (Jurisdiction under the law of which foreign limited liability company is organized)	
	·
1. (Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	6. 9450 West Bryn Mawr Ave  Suite 750  Rosemont, Illinois 60018
	0450 West Bryn-Mawr Ave.
9450 West Bryn Mawr Ave	6. (Mailing Address)>
5. (Sireet Address of Principal Office)	Suite 750 F
Suite 750	Suite 199
	Rosemont, Illingis 60018
Rosemont, Illinois 60018	Den on
	▶ -
7. Name and street address of Florida registered agent; (P.O. Box	NOT acceptations
Name: COGENCY GLOBA	LINC.
• •	
Office Address: 115 North Calhoun St.	. Suite 4
	, Florida <u>32301</u> (Zip code)
designated in this application, I hereby the comply with the provisions of all statutes relative to the property and accept the obligations of my position as registered agent.	process for the above stated limited liability company at the place as registered agent and agree to act in this capacity. I further agre r and complete performance of my duties, and I am familiar with
Clinion Alarm	ASST. SCCO.
(Registered agen)	(Signature)

uage (up to arx (o)	g purposes, list names, title or capacity and add total]:  Name and Address:	Title or Capacity:	Name and Address:
tle or Capacity:	Michael W. Brennan	Manager Manager	Name:
Manager	Address: 9450 West Bryn Mawr Ave	Member	Address:
	Suite 750	Authorized	
]Authorized	Rosemont, Illinois 60018	Person	
Person Other Vice Pres		Other	Other TALL
Manager	Name:	Manager	Name: 224
Member	Address:	Member Member	Address
Authorized		Authorized	
Person		Person	<u> </u>
Other	Other	Other	> □ Other
		Manager	Name:
Manager	Name:	Member	Address:
Member	Address:	Authorized	
Authorized		Person	
Person Other	Other	Other	Other
Important Notice indexed individues of the translator	2: Use an attachment to report more than six (6) tals may be added to the index when filing your certificate of existence, no more than 90 days of the law of which it is organized. (If the certificate of submitted)  ent is executed in accordance with section 605. In the comment to the Department of State constitutes	old, duly authenticated by icate is in a foreign lang	y the official having custody of records in uage, a translation of the certificate unde

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DC ROCKLEDGE PROJECT COMPANY, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DC ROCKLEDGE PROJECT COMPANY, LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2019.

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

9 JUN 24 PM 4: 46

CRATAGY OF STATE
LAHASSEF, FI GRIDA

7457650 8300 SR# 20195605913

Authentication: 203082279

Date: 06-24-19

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