

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Ďc	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



500331593985

08/02/19--01024--011 **160.00

2019 AUG -2 PH 4: 26

EKINSET 3 TIP

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Beacon430 - Highland, L.L.C.		
2020	Name of Limited Liability Company		
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce, and check are submitted to register the above referenced foreign limited liability company to transact business.	Certificates s in Flo	te of rida.
Please 1	turn all correspondence concerning this matter to the following:		
	Kathy O. Haynie		
	Name of Person		
	Capell & Howard, P.C.		
	Firm/Company		
	150 South Perry Street		
	Address		
	Montgomery, AL 36104		
	City/State and Zip Code		
		201	
	E-mail address: (to be used for future annual report notification)	2019 AUG	- P q
For fur	ner information concerning this matter, please call:	ন ন	ده جنر. ۱ جبوسه
	Kathy O. Haynie 334 241-8094	2 P	[F]
	Name of Contact Person Area Code Daytime Telephone Number	<u> </u>	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, Fl. 32301	PH 4: 26	
Enclos	d is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certificate of Status Certificate of Status □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certified Copy of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Climited Liability Company; must include Limi	ited Liability Company," "L.L.C.," or "LEC.")	
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	Torida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
2. Delaware		3	
(Jurisdiction under the law of w	high foreign limited hability company is organized)	(FEI num)	ber, if applicable)
4			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	mine penalty liability)	
5. 7020 Fain Park Drive. (Street Address of		6. 7020 Fain Park Drive, Suit	
Montgomery, AL 361	•	Montgomery, AL 36117	ress)
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301	
Registered agent's accep	(Cny)	Zip cod (Zip cod	cı -
,	s or nev position as revisierea airent.	/)	
	s of my position as registered agent.	Low Sthoule deet 05.	2019
	(Registered agent Doreen S. Haesel	> signature]	2019 AU
S. The name, title or cap: Title or Capacity:	(Registered agent)	S signature) in, Asst. VP	Name and Address:
8. The name, title or capa <u>Title or Capacity:</u> Manager	(Registered agent Doreen S. Haesel acity and address of the person(s) who h Name and Address: Clairmont Management, L.L	S signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity:	Name and Andress:
Title or Capacity:	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite	S signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity:	Name and Andress:
Title or Capacity:	(Registered agent Doreen S. Haesel acity and address of the person(s) who h Name and Address: Clairmont Management, L.L	S signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity:	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite	S signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity:	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite	S signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity: Manager	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117	S signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity: Manager (Use attachments if neces) Attached is a certificate jurisdiction under the law	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 ssary) of existence, no more than 90 days old of which it is organized. (If the certifical	y signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity: C 5	Name and Andress:
Title or Capacity: Manager (Use attachments if neces) Attached is a certificate jurisdiction under the law	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 ssary) of existence, no more than 90 days old of which it is organized. (If the certifical	y signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity: C 5	Name and Address:
Title or Capacity: Manager (Use attachments if neces) Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 ssary) of existence, no more than 90 days old of which it is organized. (If the certifical	y signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity: .C 5 duly authenticated by the official hance is in a foreign language, a translation of the control	Name and Andress:
Title or Capacity: Manager (Use attachments if neces) Attached is a certificate jurisdiction under the law of the translator must be so 10. This document is exec	(Registered agent Doreen S. Haesel acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 (sary) of existence, no more than 90 days old of which it is organized. (If the certification described in accordance with section 605.020 of the Department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes a the section for the department of State constitutes as the section for the section for the department of State constitutes as the section for the sectio	y signature) in, Asst. VP nas/have authority to manage is/are: Title or Capacity: .C 5 duly authenticated by the official hance is in a foreign language, a translation of the control	Name and Andress:

Typed or printed name of signee

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:

(Name of Foleign)	Limited Etability Company, must include "Limite	id that my compe				
l'name unavailable, enter alternate no	nne adopted for the purpose of transacting business in Flo	orida. The alternate na	ame must include "Limited Liab	ality Company," "L	L.C." or "LEC	7.")
Delaware	nich foreign limited hability company is organized)	3	(FFI numb	er, if applicable)	-,	
(Jurisdiction tinder the law of wh	nen foreign minted flatonity company is organized)		(,), (,),			
· 	(Date first transacted business in Florida, if prior to	registration.)	_ _			
7020 P P L P	(See sections 605.0904 & 605 0905, F.S. to determ	une penalty hability)		a 5	2019 AUG	
7020 Fain Park Drive, (Street Address of P		6. <u>7020</u>	Fain Park Drive, Suite (Mailing Addr	c22) 1,	=	
Montgomery, AL 3611	7	Mont	gomery, AL 36117			دکن <u>ت</u> م. دهندي
				: [;]	2	ماند
				\ •,	PH	ا او ن جمعیت
. Name and street addres	s of Florida registered agent: (P.O. Box	x <u>NOT</u> accept:	able)	Ţ. ·	կ։ 2	K.
Name:	Corporation Service Company		_	7	26	
06	1201 Hays Street					
Office Address:			- 33301			
	Tallahassee (City)		Florida 32301			
Registered agent's accep	tunce:					
lesignated in this applica o comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the prope is of my position as registered agent.	as registered a	gent and agree to act	in this capaci	ity. I furti	her ag
lesignated in this applica o comply with the provisi	tion, I hereby accept the appointment of ions of all statutes relative to the prope is of my position as registered agent.	as registered a er and complete	gent and agree to act	in this capaci	ity. I furti	her ag
lesignated in this applica o comply with the provisi and accept the obligation.	tion, I hereby accept the appointment of ions of all statutes relative to the propes of my position as registered agent. [Registered agent's]	as registered a er and complete s signature)	gent and agree to act e performance of my (in this capaci	ity. I furti	her ag
lesignated in this applica o comply with the provisi and accept the obligation.	tion, I hereby accept the appointment of ions of all statutes relative to the prope is of my position as registered agent.	as registered a er and complete s signature)	gent and agree to act e performance of my (in this capaci	ity. I furti um famili	her ag ar with
lesignated in this applica to comply with the provision and accept the obligation. 8. The name, title or cap:	tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: Clairmont Management, L.L.	as registered as rand complete as signature) as/have author Title or	gent and agree to act e performance of my rity to manage is/are:	in this capuc duties, and I d	ity. I furti um famili	her ag ar with
lesignated in this applicate comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's active and address of the person(s) who have and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite	as registered as rand complete as signature) as/have author Title or	gent and agree to act e performance of my rity to manage is/are:	in this capuc duties, and I d	ity. I furti um famili	her agi ar with
lesignated in this applicate comply with the provision accept the obligation. B. The name, title or capacity:	tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: Clairmont Management, L.L.	as registered as rand complete as signature) as/have author Title or	gent and agree to act e performance of my rity to manage is/are:	in this capuc duties, and I d	ity. I furti um famili	her ag ar with
lesignated in this applicate comply with the provision accept the obligation. B. The name, title or capacity:	tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's active and address of the person(s) who have and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite	as registered as rand complete as signature) as/have author Title or	gent and agree to act e performance of my rity to manage is/are:	in this capuc duties, and I d	ity. I furti um famili	her ag ar with
lesignated in this applicate comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's active and address of the person(s) who have and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite	as registered as rand complete as signature) as/have author Title or	gent and agree to act e performance of my rity to manage is/are:	in this capuc duties, and I d	ity. I furti um famili	her agi ar with
designated in this applicate of comply with the provision accept the obligation. 8. The name, title or caparities or Capacity: Manager	tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. Registered agent's acity and address of the person(s) who have and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117	as registered as rand complete as signature) as/have author Title or	gent and agree to act e performance of my rity to manage is/are:	in this capuc duties, and I d	ity. I furti um famili	her ag ar with
esignated in this applicate comply with the provisional accept the obligation. B. The name, title or capa Title or Capacity: Manager (Use attachments if neces	rition, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. Registered agent's active and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117	as registered as r and complete as signature) nas/have author Title or	gent and agree to act e performance of my inity to manage is/are: Capacity:	Name and	Address:	her ag
designated in this applicate of comply with the provisional accept the obligation. 8. The name, title or caparate or Capacity: Manager (Use attachments if necessor, Attached is a certificate urisdiction under the law)	acity and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 essary) cof existence, no more than 90 days old of which it is organized. (If the certifical	as registered as r and complete as signature) nas/have author Title or	gent and agree to act e performance of my rity to manage is/are: Capacity:	Name and	Address:	her ag ar with
8. The name, title or caparities or Capacity: Manager (Use attachments if necessity: and certificate in the capacity: manager) (Use attachments if necessity: manager)	rion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. Registered agent's actity and address of the person(s) who have and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 Seary) of existence, no more than 90 days old of which it is organized. (If the certificate inbmitted) cuted in accordance with section 605.026	as registered a r and complete as signature) nas/have author Title or CC 5	gent and agree to act e performance of my ity to manage is/are: Capacity: cated by the official ha gn language, a translat ida Statutes. I am awai	Name and Name and Name and Name and	Address: of recordstificate un	her agar with
8. The name, title or caparities or Capacity: Manager (Use attachments if necessity is distributed in a certificate in the capacity is distributed in the certificate in the capacity is distributed in the certificate in the capacity is distributed in the capacity in the capacity is distributed in the capacity in the	rition, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. Registered agent's active and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 research agent's active agent's active agent's active and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 research agent's active active agent's active agent's active agent's active active agent's active agent's active activ	as registered as r and complete as signature) nas/have author Title or C 5 d, duly authenticate is in a foreign at first in a f	gent and agree to act e performance of my cated by the official ha gn language, a translat ida Statutes. I am awal ony as provided for in	Name and Name and	Address: of recordstificate un	her agi
8. The name, title or caparities or Capacity: Manager (Use attachments if necessity is distributed in a certificate in the capacity is distributed in the certificate in the capacity is distributed in the certificate in the capacity is distributed in the capacity in the capacity is distributed in the capacity in the	rition, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. Registered agent's active and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 research agent's active agent's active agent's active and address of the person(s) who hame and Address: Clairmont Management, L.L. 7020 Fain Park Drive, Suite Montgomery, AL 36117 research agent's active active agent's active agent's active agent's active active agent's active agent's active activ	as registered as r and complete as signature) nas/have author Title or C 5 d, duly authenticate is in a foreign at first in a f	gent and agree to act e performance of my ity to manage is/are: Capacity: cated by the official ha gn language, a translat ida Statutes. I am awai	Name and Name and	Address: of recordstificate un	her ag ar with

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEACON430 - HIGHLANDS, L.L.C." 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-NINTH DAY OF JULY, A.D. 2019.

Authentication: 203301685

Date: 07-29-19