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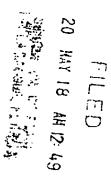
(Re	questor's Name)
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section

SUBJECT:	BFG POCONO MASTER TENANT, LLC BJECT: Name of Limited Liability Company					
	d "Application by Foreign Limited Liability Co nd check are submitted to register the above re	ompany for Authoriz	ation to Transact Busine			
Please return	all correspondence concerning this matter to	the following:				
	JOANNE BALL					
		Name of Person				
	BOURNE FINANCIAL GROUP, LLC					
	Firm/Company					
	228 N. PARK AVENUE, SUITE A					
		Address				
	WINTER PARK, FL 32789					
	Cit	y/State and Zip Code				
	JOANNE.BALL@BOURNEFG.COM					
	E-mail address: (to be t	used for future annua	report notification)			
For further i	nformation concerning this matter, please call:			;	20	
JO	ANNE BALL	407 at (694-4130	.*	77. - X	•
	Name of Contact Person	Area Code	Daytime Telepho	ne Num	bef¤	m
Re Di P.(gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations `Tallahassee roe Street, Suite 810	The second secon	群 12: 49	
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEPA \$125.00 Filing Fee	& 🔲 \$155.00 Fi	ling Fee & 🗀 \$160.0			Certificate ified Copy

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:

BFG POCONO MAST				
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabilit	y Company," "L.L.C.," or "LLC.")	
Of name unavailable, enter alternate	name adopted for the purpose of transacting business in Fi	arida The	alternate name must include "Limited I	inhility Company " "I 1 C " or " I C "
	mane adopted for the purpose of dataseting outliness in a	other inc		atomy company, Liec, or Lie.
DELAWARE 2.		3.	82-1906301	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	٦.	(FEI num)	ner, if applicable)
4.				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ine penalty	n.) liability)	
228 N. PARK AVENT	UE CONTRACTOR OF THE CONTRACTO		228 N. PARK AVENUE	
5. (Street Address of Principal Office)		6.	(Mailing Address)	
SUITE A			SUITE A	
WINTER PARK, FL	32789		WINTER PARK, FL 3278	9 20
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	TILE
Name:	CORPORATION SERVICE COMPA	NY		M IZ
Office Address:	1201 HAYS STREET			5 5
	TALLAHASSEE		32301 , Florida	
	(City)		(Zip code)	

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.

Corporation Service Company.

Jandra Junker ast. V.P.

(Registered Sent's signature)

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:	Title or Capacity:	Name and Address:
□Manager	Name: ROBERT A. BOURNE	□Manager	Name: R. KYLE BOURNE
□Member	Address: 228 N. PARK AVENUE	□Member	Address: 228 N. PARK AVENUE
■Authorized	SUITE A	■Authorized	SUITE A
Person	WINTER PARK, FL 32789	Person	WINTER PARK, FL 32789
□Other	Other	□Other	□Other_
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	· •
			₹ 8
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: N
□Authorized		□Authorized	0) پر
Person		Person	
□Other	Other	□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.

R. KYLE BOURNE

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "BFG POCONO MASTER TENANT, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF JANUARY, A.D. 2017, AT 5:03 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BFG POCONO MASTER TENANT, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2017.

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



Authentication: 202895441

Date: 05-07-20