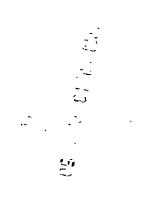
N20000005

(Requ	uestor's Name)	
(Adda	ress)	
(Addi	·ess)	
(City/	State/Zip/Phone	= #)
	·	,
PICK-UP	WAIT	MAIL
	·	
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
, <u>—</u>		
Special Instructions to Fi	ling Officer:	





900347718259



7/20/20 45

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/13/2020			
		WALK	<i>IN</i>
ENTITY NAME BEDRO	CK COLONIAL LLC		
		2	
DOCUMENT NUMBER			
DOCOTILITY TO TOLK		<u>. • ' </u>	
	PLEASE FILE THE ATTACHED AND RETURN		
		g)	
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	CEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments		·
	Certificate of Good Standing	٠,	
 -	•		
	APOSTILLE' / NOTARIAL CERTIFICATION		- 1 - 1 - 1
COUNTRY OF DESTINATI	ON	- ;	ر نسده
NUMBER OF CERTIFICAT	ES REQUESTED	- C1 - C0	
TOTAL OWED \$125.00	ACCOUNT #: I20160000072		
Please call Tina at th	e above number for any issues or concerns. Thank you so m	uch!	
			

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 Foreign	AL E.I.C. Limited Liability Company; must include "Limi	ted Liability Compan	y," "L.L.C.," or "LLC.")	
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorida. The alternate nam	e must include "Limited Liability Com	pany," "L.L.C," or "LLC,")
Delaware			·	•
	hich foreign limited liability company is organized)	3	(FEI number, if appli	
(Jurisdiction under the law of wh	hich foreign limited hability company is organized)		(FEI number, if appli	
				1.2
	(Date first transacted business in Florida, if pnor (See sections 605 0904 & 605 0905, F.S. to deter	to registration) mine penalty liability)		•
650 Fifth Avenue, Suit	te 1601			- ' '
(Street Address of F	rincipal Office)	6	(Mailing Address)	.
	· ····································		forming Ganessy	
New York, NY 10019				(2)
Name and street addres	<u>s</u> of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptab	le)	
	s of Florida registered agent: (P.O. Bo Platinum Agent Services LLC	x <u>NOT</u> acceptab	le)	
Name and street addres		x <u>NOT</u> acceptab	le)	
			le)	
Name:	Platinum Agent Services LLC 155 Office Plaza Drive Tallahassee		32301	
Name:	Platinum Agent Services LLC 155 Office Plaza Drive Tallahassee			
Name: Office Address: egistered agent's acceptiving been named as resignated in this applications of the provision of the p	Platinum Agent Services LLC 155 Office Plaza Drive Tallahassee (Cay) tance: gistered agent and to accept service oftion, I hereby accept the appointment ons of all statutes relative to the prope	process for the as registered age	32301 Florida(Zip code) thove stated limited liability and agree to act in this	capacity. I further
Name: Office Address: egistered agent's accepaving been named as resignated in this applications of the provision of the provided of the provision of the provi	Platinum Agent Services LLC 155 Office Plaza Drive Tallahassee (City) tance: gistered agent and to accept service oftion, I hereby accept the appointment	process for the a as registered age ar and complete p	32301 Florida(Zip code) thove stated limited liability and agree to act in this	capacity. I further

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: Name: Paul Gojkovich III Manager Name: ☐ Manager 650 Fifth Avenue ■ Member Address: 🗋 Member Address: New York, NY 10019 Authorized Authorized Person Person Other____ Other_ Other____ Other____ Manager Manager | Name: Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other Other____ Other Manager Name: ☐ Manager Name: Member Address: ☐ Member Address: _____ Authorized Authorized Person Person Other____ Other Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. /s/ Paul Gojkovich III Signature of an authorized person Paul Gojkovich III

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BEDROCK COLONIAL 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 THIRTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEDROCK COLONIAL LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2020.

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

= 1

Authentication: 203269609

Date: 07-13-20