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Sunshine State Corporate Compliance Company

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

DATE 08/17/2020	**WALK IN**
BEDROC	CK EMERALD LAKE LLC
ENTITY NAME DEDITOR	T LIVELYALD DARKE LLO
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
xxxx	Plain Copy
	Certified Copy
	Certificate of Status
Pl	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	**APOSTILLE' / NOTARIAL CERTIFICATION **
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICATI	ES REQUESTED
TOTAL OWED \$125.00	ACCOUNT #: I20160000072
	SR FM
Please call Tina at the	above number for any issues or concerns. Thank you so much!

COVER LETTER

	BEDROCK EMERALD LAKE LLC				
Ո℞ՆԵՐԵ Ր	Name of Limited Liability Company				
ne enclosed kistence, and	"Application by Foreign Limited Liability of check are submitted to register the abov	Company for Authori	zation to Transact Business in Florida,' nited liability company to transact busin	' Certificate ness in Flori	
ease return	all correspondence concerning this matter	to the following:			
	PAUL GOJKOVICH III				
	.,,	Name of Person			
	BEDROCK MHC PARTNERS II L.	P.	•		
	Firm/Company				
	650 FIFTH AVENUE, SUITE 1601				
		Address			
	NEW YORK, NY 10019				
		City/State and Zip Cod	le		
	notices@bedrock-communities.com				
	E-mail address: (to	be used for future annu	al report notification)		
or further inf	formation concerning this matter, please c	all:	•	20	
Paul Gojkovich		646 at (844-2151	7113	
	Name of Contact Person	Area Cod	e Daytime Telephone Number	17	
Divis	LING ADDRESS: ion of Corporations		STREET ADDRESS: Division of Corporations	<u> </u>	
	stration Section Box 6327		Registration Section Clifton Building	<u>۔</u> من	
	hassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	ភ៌	
	sed is a check for the following amount: e make check payable to: FLORIDA DE	PARTMENT OF STA	ATE		

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 PLORIDA:

1. BEDROCK EMERAL					
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Comp	eny," "L.L.C.," or "LLC.")		_
(If name unavailable, order alternate :	name adopted for the purpose of transacting business in F3	orida. The alternate :	same must include "Limited Liability Company."	'"LLC," ar "TJ	 .C.")
Delaware 2.		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI tamber, if applicable)	-
4					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) inc possity liability)			
650 Fifth Avenue, Suite 1601 5. (Street Address of Principal Office)		650 I	Fifth Avenue, Suite 1601 (Mailing Address)		
(Street Address of	Principal Office)		(Mailing Address)		_
New York, NY 10019		New	York, NY 10019		<u>.</u>
		****		<u>r.</u>)	_
7. Name and street addres	ss of Florida registered agent: (P.O. Bo)	NOT accept	able)	÷.	
	Scott B. Gordon, Esq.			17	
Name:			-	===	(
Office Address:	2 N. Tamiami Trail, Suite 500			و. ر	
	Sarașota		34236 , Florida	<u> 1</u> 55	
	(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.

(Registered agent'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: Name: Paul Gojkovich III Manager Manager | Name: ___ 650 Fifth Avenue, Suite 1601 Address: Member Member | Address: New York, NY 10019 Authorized ☐ Authorized Person Person Other Other_ Other Other___ Manager Manager Manager Name: [i]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_ 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. Paul Gojkovich III

Typed or printed name of signes

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BEDROCK EMERALD LAKE 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 FOURTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEDROCK EMERALD LAKE LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203473286

Date: 08-14-20