(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	re)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TO: Registration Section

4.	Roval Palm Beach FL Propco LLC	
UBJECT:		
	Name	e of Limited Liability Company
The enclosed Existence, a	d "Application by Foreign Limited Liability (and check are submitted to register the above)	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florid
lease returi	all correspondence concerning this matter to	o the following:
	Elliott Mandelbaum	
		Name of Person
	BME Florida RealCo Holdings LLC	
		Firm/Company
	17 State Street, Suite 2525	•
		Address
	New York, NY 10004	
	C	ity/State and Zip Code
	elliott@bmeagleholdings.com	
	E-mail address: (to be	used for future annual report notification)
For further i	nformation concerning this matter, please cal	11:
EII	iott Mandelbaum	212 269-1500 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Ma	iling Address:	Street Address:
Registration Section		Registration Section
	vision of Corporations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Ta	llahassee. FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	closed is a check for the following amount:	
Ple	ase make check payable to: FLORIDA DEP \$125.00 Filing Fee	

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:

ame unavailable, enter alternate	name adopted for the purpose of transacting business in	i Florida. The alternate nan	ne must include "Limit	ted Liability (Company,"	`"L. L. C," o
Delaware		3.				
Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u> </u>	(FE)	number, if ap	pheable)	
				198		
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration.) rmine penalty liability)		14 mg	X	
17 State Street, Suite 2	525	17 State	Street, Suite 25	25 m	3	1 1
et Address of Principal Office)	 	(Mar	ing Address)	j.	Ξ	i
New York, NY 10004		New Yo	rk, NY 10004		cí.	[[]
		•		<u>ال</u> ال	燕	**************************************
√ame and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptabl	e)	<u>;</u>	ro IT	
Name and <u>street addres</u> Name:	Corporation Service Company	ox <u>NOT</u> acceptabl	e)	?		
		ox <u>NOT</u> acceptabl	e)	?		
Name:	Corporation Service Company		e) Florida (Zip co	· · · · · · · · · · · · · · · · · · ·		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: BME Florida RealCo Holdings LLC Name: □ Manager Manager Address: ____17 State Street, Suite 2525 □Member □ Member Address: New York, NY 10004 ☐ Authorized □ Authorized Person Person Other □Other □Other_____ □Other_____ □Manager □Manager □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other____ □Other____ Other_____ Other □Manager □Manager Name: ______ 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. Signature of an authorized person

Typed or printed name of signee

Elliott Mandelbaum



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

DELAWARE, DO HEREBY CERTIFY "ROYAL PALM BEACH FL PROPCO 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 FIRST DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROYAL PALM BEACH FL PROPCO LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2020.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203771726

Date: 10-01-20