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## COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJ	Boynton Beach FL Propco LLC					
3003	Name of	Limited Liability Company				
		npany for Authorization to Transact Business in Florida," Certificate of trenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to th	ne following:				
	Elliott Mandelbaum					
	}	Name of Person				
	BME Florida RealCo Holdings LLC					
	Firm/Company					
	17 State Street, Suite 2525					
	Address					
	New York, NY 10004					
	City/State and Zip Code					
	elliott@bmeagleholdings.com					
	E-mail address: (to be use	ed for future annual report notification)				
For fu	ther information concerning this matter, please call:					
	Elliott Mandelbaum	212 269-1500 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAR  S125.00 Filing Fee  Certificate of St	☐ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate				

## 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:

Boynton Beach FL Prop							
(Name of Foreign l	Limited Liability Company; must include "Limite	ed Liabilit	y Comp	iny," "L.L.C.," or "LLC	.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	londa The	alternate	name must include "Limite	d Liability Con	ipany," "I	L L C," or "LLC
Delaware 2.		3					
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	٥.		(FEI n	umber, if applic	able)	
4.							
·	(Date first transacted business in Florida, if prior to 1See sections 605 0904 & 605 0905, F.S. to determ	registrationine penalty	n ) Tiability)				
17 State Street, Suite 2525 5.		6		ite Street, Suite 252			
5. (Street Address of Principal Office)		0.	()	Mailing Address)			
New York, NY 10004			New	York, NY 10004	(A)		
	<del></del>						
					2/2/15 2/2/14 (7)	8	<u></u>
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT	accepta	ıble)			
			•	·	1 4 - 1	<b>&gt;</b>	i i i
Name:	Corporation Service Company				-1, ·	ह्यू. द्वा	* mark
rane.	1201 Mayer Street				<b>-*</b>	<b>2</b> 1	
Office Address:	1201 Hays Street						
	Tallahassee			32301 , Florida			
	(Cny)	· · ·		(Zip code	e)		

## 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.

_	alley	. Oslert	Ashley Isbert, Asst. VP
		Ø	(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: BME Florida RealCo Holdings LLC ■ Manager □ Manager Name: 17 State Street, Suite 2525 □Member Address: □Member Address: New York, NY 10004 □ Authorized ☐ Authorized Person Person □Other \_\_\_\_\_ Other \_\_\_\_ ☐Other\_\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_\_ □ Manager ☐Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_ Address: ☐ Member □ Authorized □Authorized Person Person Other Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Name: □Manager Name: □Manager □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 Elliott Mandelbaum

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BOYNTON 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 "BOYNTON 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.



Authentication: 203771824

Date: 10-01-20