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COVER LETTER

TO:

LECT.	Stuart FL Propco LLC		
BJECT:	Name of Limited Liability Company		
enclosed tence, an	I "Application by Foreign Limited Liability (and check are submitted to register the above)	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori	
se return	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	e used for future annual report notification)	
further in	nformation concerning this matter, please cal	n:	
Elliott Mandelbaum		212 269-1500 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	e & 🔲 \$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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Stuart FL Propco LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L. C," or "LLC") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 17 State Street, Suite 2525 17 State Street, Suite 2525 (Street Address of Principal Office) New York, NY 10004 New York, NY 10004 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee _____ , Florida _____(Zip code) (Cny) 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. (Registred 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: BME Florida RealCo Holdings LLC ■ Manager □ Manager Name: ______ Address: _____ 17 State Street, Suite 2525 Address: □Member □Member New York, NY 10004 □ Authorized □ Authorized Person Person □Other □Other_____ □Other____ □Other____ Name: □Manager □ Manager ☐ Member ☐ Member Address: Address: □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ Other____ □ Other Name: □Manager □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. 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 "STUART 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 "STUART 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.

AND SECOND SECON

Authentication: 203771655

Date: 10-01-20