

MASSACHUSETTS

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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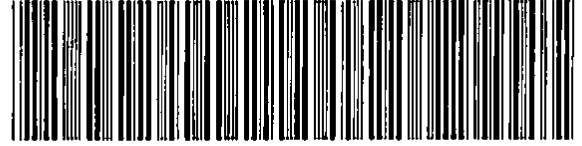
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**DATE: 12/7/20**

**NAME: BROOKFIELD RESIDENTIAL GP LLC**

**TYPE OF FILING: APPLICATION**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**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:*

1. Brookfield Residential GP LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2934575  
(FEI number, if applicable)

4. December 4, 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3200 Park Center Drive, Suite 1000  
(Street Address of Principal Office)

6. 3200 Park Center Drive, Suite 1000  
(Mailing Address)

Costa Mesa, California 92626

Costa Mesa, California 92626

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

Mark Holloway, Asst. Secretary  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorize manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Alan Norris  
☐ Member Address: 4906 Richard Road SW  
☐ Authorized Calgary, Alberta, Canada T3E 6L1  
Person  
☐ Other ☐ Other

☒ Manager Name: Ted T. McKibbin  
☐ Member Address: 3200 Park Center Drive  
☐ Authorized Suite 1000  
Person Costa Mesa, California 92626  
☐ Other ☐ Other

☒ Manager Name: William B. Seith  
☐ Member Address: 3200 Park Center Drive  
☐ Authorized Suite 1000  
Person Costa Mesa, California 92626  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Shane D. Pearson  
☐ Member Address: 4906 Richard Road SW  
☐ Authorized Calgary, Alberta, Canada T3E 6L1  
Person  
☐ Other ☐ Other

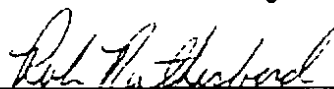
☒ Manager Name: Adrian P. Foley  
☐ Member Address: 3200 Park Center Drive  
☐ Authorized Suite 1000  
Person Costa Mesa, California 92626  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

ROBIN RUTHERFORD

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROOKFIELD RESIDENTIAL GP 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 THIRD DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKFIELD RESIDENTIAL GP LLC" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2019.

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

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J. Bullock



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SR# 20208551188

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204222981

Date: 12-03-20