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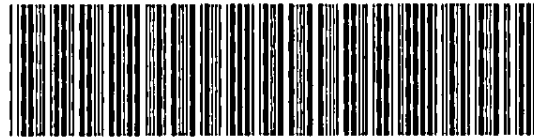
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HILLSBOROUGH MULTIFAMILY, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRIS RUSNAK

Name of Person

GREENPOINTE HOLDINGS, LLC

Firm/Company

7807 BAYMEADOWS ROAD EAST, SUITE 205

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

CRUSNAK@GREENPOINTELLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS RUSNAK

904

435-0430

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. HILLSBOROUGH MULTIFAMILY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(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.")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>7807 BAYMEADOWS ROAD EAST</u> (Street Address of Principal Office)	6. <u>7807 BAYMEADOWS ROAD EAST</u> (Mailing Address)
<u>SUITE 205</u>	<u>SUITE 205</u>
<u>JACKSONVILLE, FL 32256</u>	<u>JACKSONVILLE, FL 32256</u>

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

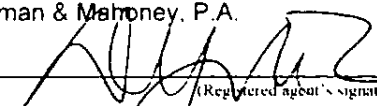
Name: Feldman & Mahoney, P.A.

Office Address: 2240 Belleair Road, Suite 210

Clearwater, Florida 33764
(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.

Feldman & Mahoney, P.A.
By: 
(Registered agent's signature)
Donna J. Feldman, Esq., President

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:**

☒ Manager Name: BVIHC, LLC, a Florida LLC
☐ Member Address: 7807 BAYMEADOWS RD. E
☐ Authorized SUITE 205
Person JACKSONVILLE, FL 32256
☐ Other ☐ Other

☐ Manager Name: BURR, EDWARD E.
☐ Member Address: 7807 Baymeadows Rd. E.
☐ Authorized Suite 205
Person Jacksonville, FL 32256
☒ Other President ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

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

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

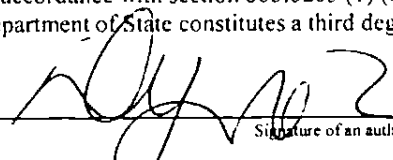
☐ Manager Name: MIARS, GRAYDON E.
☐ Member Address: 7807 Baymeadows Rd. E.
☐ Authorized Suite 205
Person Jacksonville, FL 32256
☒ Other Vice President ☐ Other

☐ 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
Donna J. Feldman

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HILLSBOROUGH MULTIFAMILY, 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 TENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HILLSBOROUGH MULTIFAMILY, LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2021.

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



5061765 8300

SR# 20210411848

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202487657

Date: 02-10-21