

M2100000039413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

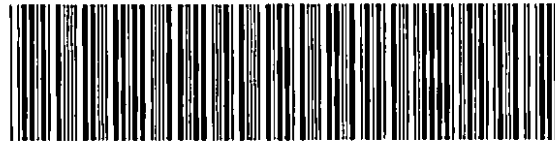
(Document Number)

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APPROVED  
AND  
FILED

2021 APR -6 PM 1:17



2021 APR -5 PM 2:15

APR -7 2021

K Brumbley

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 745916 7280744

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$125.00

ORDER DATE : April 6, 2021

ORDER TIME : 8:52 AM

ORDER NO. : 745916-010

CUSTOMER NO: 7280744

FOREIGN FILINGS

NAME: BEL APOPKA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bel Apopka 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:

Jill Holland

Name of Person

Eaton Vance Management

Firm/Company

2 International Place

Address

Boston, MA 02110

City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ 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. Bel Apopka LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. June 1, 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2 International Place  
(Street Address of Principal Office)
6. 2 International Place  
(Mailing Address)
- Attn: EVM, REIG
- Boston, MA 02110
- Boston, MA 02110

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) Florida (Zip code)

2021 APR -6 PM 1:17  
FILED  
APPROVED  
AND  
FILED

**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.

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

*Shanda E. Blum*  
Shanda E. Blum, Registered Agent

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: Clearisle Realty Corporation

☒ Member                      Address: 2 International Place

☐ Authorized                      Attn: EVM, REIG

   Person                      Boston, MA 02110

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Gary LeFave

☐ Member                      Address: 2 International Place

☒ Authorized                      Attn: EVM, REIG

   Person                      Boston, MA 02110

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: John Barrie

☐ Member                      Address: 2 International Place

☒ Authorized                      Attn: EVM, REIG

   Person                      Boston, MA 02110

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☐ Manager                      Name: Andrew Frenette

☐ Member                      Address: 2 International Place

☒ Authorized                      Attn: EVM, REIG

   Person                      Boston, MA 02110

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Brian Shuell

☐ Member                      Address: 2 International Place

☒ Authorized                      Attn: EVM, REIG

   Person                      Boston, MA 02110

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Jennifer J. Madden

☐ Member                      Address: 2 International Place

☒ Authorized                      Attn: EVM, REIG

   Person                      Boston, MA 02110

☐ 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

Authorized Signatory

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEL APOPKA 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 SIXTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEL APOPKA LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2021.

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



4694449 8300

SR# 20211183488

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

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

Authentication: 202898449

Date: 04-06-21