

5/13/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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SECRETARY OF STATE

**Foreign Limited Liability Company
PROSE AVALON POINTE ALLIANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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5/17/21

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PROSE AVALON POINTE ALLIANCE, 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) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0004 & 605.0005, F.S. to determine penalty liability)

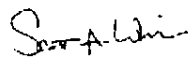
5. 7135 E. Camelback Road, Suite 360 6. 7135 E. Camelback Road, Suite 360
(Street Address of Principal Office) (Mailing Address)
Scottsdale, Arizona 85251 Scottsdale, Arizona 85251

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

Name: C.T. 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.



Scott White, Assistant Secretary, C.T. Corporation System

(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:☐ ManagerName: Baker Street Holdings, L.L.C.☒ MemberAddress: 7135 E. Camelback Rd, Ste 360
Scottsdale, Arizona 85251☐ Authorized

Person

☐ Other☐ Other☐ ManagerName: HRE Holdings, LLC☒ MemberAddress: 7135 E. Camelback Rd, Ste 360
Scottsdale, Arizona 85251☐ Authorized

Person

☐ Other☐ Other☐ ManagerName: Patrick W. Dukes☒ MemberAddress: 7135 E. Camelback Rd, Ste 360
Scottsdale, Arizona 85251☐ Authorized

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ ManagerName: John T. Rippel☒ MemberAddress: 7135 E. Camelback Rd, Ste 360
Scottsdale, Arizona 85251☐ Authorized

Person

☐ Other☐ Other☐ ManagerName: Nicholas J. Chapman☒ MemberAddress: 7135 E. Camelback Rd, Ste 360
Scottsdale, Arizona 85251☐ Authorized

Person

☐ Other☐ Other☐ ManagerName: Robert G. Weston, Jr.☒ MemberAddress: 7135 E. Camelback Rd, Ste 360
Scottsdale, Arizona 85251☐ Authorized

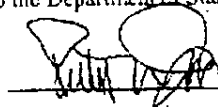
Person

☐ 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

Patrick W. Dukes, Member

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 "PROSE AVALONE POINTE ALLIANCE, 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 THIRTEENTH DAY OF MAY, A.D. 2021.

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



5917806 8300

SR# 20211771922

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

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

Authentication: 203200456

Date: 05-13-21