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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

Foreign Limited Liability Company BIG Beacon FL II, LLC

Certificate of Status	U
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Estimated Charge	\$155.00

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From: Kimberly Laughrey

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BIG Beacon FL II, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") (If name unavailable, enter elterness name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted basiness in Florida, if prior to registration.)
[See sections 605.0904 & 605.0903, F.S. to determine penulty hability.) c/o Brookline Investment Group c/o Brookline Investment Group (Mailing Address) (Street Address of Principal Office) 25 Brookline 25 Brookline Aliso Viejo, California 92656 Aliso Viejo, California 92656 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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

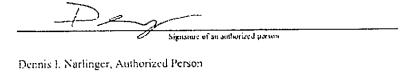
From: Kimberly Laughrey

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:	Title or Capacity	Name and Address:	
≅ Manager	Name: BIG Beacon FL II Manager, LLC	□Manager	Name:	
□Member	Address: c/o Brookline Investment Group	⊡Member	Address:	
□Authorized	25 Brookline	□ Authorized		
Person	Aliso Viejo, California 92656	Person		
□Other	□Other	Other		⊡Other
□Manager	Name:	□Manager	Nume:	
∐Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	[]Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	program is to the breaklish of the proper regime my bank analog delication. Spaintenance and the day over the second state	□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. Non-indexed individuals may be added to the index when filling 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, 1 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.



Typed or promed name of signer



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIG BEACON FL II, 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204214798

Date: 09-21-21