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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

| Paulian Limited Liability Company |
|-----------------------------------|
| Foreign Limited Liability Company |
| Bristol Creekside, LLC            |
|                                   |

Certificate of Status 0 0 Certified Copy 03 Page Count \$125.00 Estimated Charge

S. FRANKLIN

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Help

From Voorp Services,

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

2021-12-03 18:03:28 GMT

|                                    |  | d Ezbility Company, "LE.C., "or "I.I.C."   |  |         |
|------------------------------------|--|--|--|---------|
| ratiou unavailable, epior altornat | to name adopted for the purpose of transacting business in P   | orida. The alternate name must include "Limited Li   | iability Company, "L.L.C." or " L.L.C."                | C.")    |
| DE                                 | which fereign laured lability company is organized)  | 3  |  |         |
| (verpended mate) for law of        | when the standard mounty truncany is offerenced)   | t Fig.1 ការកាត់  | er, if applicable)                                     |         |
|                                    | (Date first transacted buildiess in Florida, 3 pinor to a<br>1800 rections 605 0914 & 605 0905, F.S. to determin | rgishiitos )   | <del></del>  |         |
| 1900 Main Street, Suite 375        |  | 1900 Main Street, Sunc 375   | <b>:</b>   |         |
| ot Address of Provipal Office)     |  | 6. (Mailing Arlifess)  |  |         |
| Irvine, CA 92614                   |  | Irvine, CA 92614   | 130E   | -45     |
|                                    |  |  |  | ين<br>2 |
|                                    |  |  | 200 P  | 1       |
| Name and <u>street andre</u>       | as of Florida registered agent: (P.O. Box  | NOT acceptable)  | E  |         |
| Maria                              | Veorp Services, L.I.C.   |  |  |         |
| Name:                              |  | · Little America A. Appropriate Communication of the Communication of th |  |         |
| Office Address:                    | 5011 South State Road 7, Suite 106   |  |  |         |
|                                    | Davie  |  |  |         |
|                                    | (Cay)  | (Zip code)   |  |         |
| istered agent's accep              | tance:<br>gistered agent and to accept service of pro  | nears for the above ground limited to  | aktiin aan aan aan a                                   |         |
| ino been named ov re               | graneren ngent ann in derejn aet vice by pri   | vvess for the above stated influed th  | unity company at the pla<br>this capacity. I further a | 100     |

(Registered agent's signature)

From: Vcorp Services,

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 Capacit | <u>Y:</u>       | Name and Address:                       |
|--------------------|--------------------------------------|------------------|-----------------|---|
| □Manager           | Name: Amer Malas                     | □Manager         | Name:           | · · · · · · · · · · · · · · · · · · ·   |
| □Member            | Address: 1900 Main Street, Suite 375 | □Member          |                 |   |
| Authorized         | Irvine, CA 92614                     | □ Authorized     | · <del></del> , |   |
| Person             |                                      | Person           |                 |   |
| □Other             |                                      | COther           | 140             | □Oiher                                  |
| □Manager           | Name:                                | □Manager         | Name:           | — · • • • • • • • • • • • • • • • • • • |
| □Member            | Address:                             | □Member          | Address:        |   |
| □Authorized        |                                      | □ Authorized     |                 |   |
| Person             | -                                    | Person           |                 |   |
| □Other             |                                      | □Other           |                 | □Other                                  |
| □Manager           | Name:                                | □Manager         | Name:           | DEC -3                                  |
| · ·                | Address:                             | □Member          | Address:        | SSC. TO SE                              |
| □ Authorized       |                                      | []: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 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 fellows as provided for in s.817.155, F.S.

|            | MAG                               |
|------------|-----------------------------------|
|            | Signature of an authorized person |
| Amer Malas |                                   |
|            | Folial included a sime of these   |



Page 1

From: Vcorp Services,

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

DELAWARE, DO HEREBY CERTIFY "BRISTOL CREEKSIDE, LLC" IS DULY FORMED

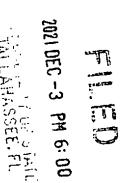
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRISTOL CREEKSIDE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

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



6417256 8300

SR# 20213876857

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

Authentication: 204770844

Date: 11-23-21