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Bivision of Corporations Fax Number : (858)41/ 6383 MAA : FLANLES DEVELO Number : TANGANGOLAA : (395)530 2344 har : (395)520 3400

or the until address for this business write to be used for future mount report callings. Order only one until address slanes.\*\*

#### Ferrigo Limited Linkilly Company BRWD Committee LLC

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Estimated Charge	\$125.00

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### COVER LETTER

SUBJECT: _	BRWD Commute	e of Limited Liability Company
The enclosed 'Existence, and	'Application by Foreign Limited Liab I check are submitted to register the ab	pility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return a	all correspondence concerning this ma	atter to the following.
	Jessica Perez	
		Name of Person
		Firm/Company
	700 5 15 5 1 4 4 5	
	700 NW 1st Ave	enue, Suite 1620
		Address
	Miami, FL 3313	6
		City/State and Zip Code
	jessica.perez@t	feci.com
	E-mail address:	(to be used for future annual report notification)
For further inf	ormation concerning this matter, plea	se call:
Je	essica Perez	at (305 ) 520-2366
<del></del>	Name of Contact Person	Area Code Daytime Telephone Number
Divis Regi: P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FI. 32301
	a check for the following amou 25.00 Filing Fee \$130.00 Filin Certificate of	ng Fee & S155.00 Filing Fee & S160 00 Filing Fee, Certificate

## 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:

BRWD Commuter 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 alternat hability Company," "L.L.C," or "LLC.")	e name must include "Limited
Delaware 3.	
(Jurisdiction under the law of which foreign limited hability company is organized)  (FEI number, if approximately company is organized)	plicable)
1.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
161 NW 6th Street, Suite 900	
Miami, FL 33136	
(Street Address of Principal Office)	
161 NW 6th Street, Suite 900	20 <b>621</b>
Miami, FL 33136	DEC
(Mailing Address)	2. 00
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Patrick W. Goddard (P); Jeffrey C. Swiatek (CFO, VP); Gary L. Smith (VP, Chief Accounting Officer) 161 NW 6 St.	
Kolleen Cobb (VP, AS); Juan (Rusty) Godoy (VP); 700 NW 1st Ave, Ste 1620	, Miami, FL 33136
Cynthia Bergmann (VP, S, General Counsel); 161 NW 6 St, Ste 900, N	Miami, FL 33136
8. Attached is an original certificate of existence, no more than 90 days old, duly authorizing custody of records in the jurisdiction under the law of which it is organized. (acceptable. If the certificate is in a foreign language, a translation of the certificate unmust be submitted)  Signature of an authorized person	A photocopy is not
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of pearing aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pr	rjury that the facts stated herein are true, I ovided for in \$ \$17.155, F.S.)
Kolleen O.P. Cobb, Vice President	

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d). FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  BRWD Commuter LLC					
If unavailabl	e, the alternate to be us	sed in the state of Florida is:			
2. The name	e and the Florida street	address of the registered agent and office a	are:		
	Cynthia Be	ergmann			
		(Name)			
		h Street, Suite 900			
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)			
	Miami	FL 33136 City/State/Zip			
		City/State/Zip			
liability com registered ag statutes relat	pany at the place design gent and agree to act in ting to the proper and co pligations of my position	gent and to accept service of process for the nated in this certificate. I hereby accept the this capacity. I further agree to comply with omplete performance of my duties, and I am as registered agent as provided for in Chamber (Signature)	appointment as th the provisions of ali n familiar with and		
	5	5 100.00 Filing Fee for Application			

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BRWD COMMUTER 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRWD COMMUTER 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.

Authentication: 204907825

Date: 12-08-21

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