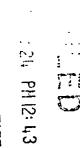


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Office Use Only



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S. HAWKES FEB _ = 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 513353 8284021
AUTHORIZATION: Spelle man
COST LIMIT : \$ 125.00
ORDER DATE : February 24, 2022
ORDER TIME: 1:34 PM
ORDER NO. : 513353-005
CUSTOMER NO: 8284021

FOREIGN FILINGS
NAME: BIG ARBOR VILLAGE NC, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY X PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:

Registration Section

Name	e of Limited Liability Company		
	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori		
lease return all correspondence concerning this matter to	o the following:		
Dennis Narlinger			
	Name of Person		
c/o Silverman Schermer, PLLC			
	Firm/Company		
401 E. Las Olas Blvd., Suite 1400			
	Address		
Fort Lauderdale, FL 33301			
C	City/State and Zip Code		
mtsujimoto@brooktineig.com			
E-mail address: (to be	e used for future annual report notification)		
or further information concerning this matter, please cal	11:		
Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address:	Street Address;		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP	PARTMENT OF STATE		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of			

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: **BIG ARBOR VILLAGE NC, 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 Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) do Silverman Schermer, PLLC c/o Silverman Schermer, PLLC (Street Address of Principal Office) 401 E. Las Olas Blvd., Suite 1400 401 E. Las Olas Blvd., Suite 1400 Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Steven J. Schermer Name: 401 E. Las Olas Blvd., Suite 1400 Office Address:

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.

(Registered agent's signature)

Steven J. Schermer

Fort Lauderdale

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: Title or Capacity: Name and Address: Name and Address: Dennis Narlinger □Manager □Manager Name: _____ Address: ___ ☐ Member □Member Address: Suite 1400 **■** Authorized □ Authorized Fort Lauderdale, FL 33301 Person Person □Other____ Other Other_____ □Other_____ **Brookline Apartment Properties** ■Manager □Manager Name: Address: 401 E. Las Olas Blvd □ Member □Member Address: ____ Suite 1400 □ Authorized □Authorized Fort Lauderdale, FL 33301 Person Person Other___ Other Other Other □Manager Name: □Manager Name: _____ □Member □Member Address: ______ Address: _____ □ 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. Nonindexed 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 (Cr) authorized person Dennis Narlinger

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BIG ARBOR VILLAGE NC, 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-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIG ARBOR VILLAGE NC, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2013.

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

Authentication: 202756407

Date: 02-24-22

5359375 8300 SR# 20220694463