

1122000003757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

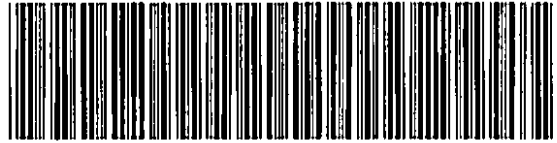
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 FEB 23 AM 10:23  
SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAR 14 2022



February 21, 2022

Registration Section  
Attn: Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, Florida 32303

RE: Authorization to Transact Business – Commonwealth Avenue Jacksonville Propco, LLC

To Whom It May Concern:

Enclosed is the authorization to transact business application for the aforementioned entity, along with our firm's check for the filing fees. Please use the enclosed envelope to return all instruments to my attention.

Please advise of any questions or if anything further is needed.

Sincerely,

Kaylee Martin  
Transaction Manager

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Commonwealth Avenue Jacksonville Propco, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kaylee Martin

Name of Person

**InLight Real Estate Partners**

Firm/Company

820 A1A North, Suite E21

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

kaylee.martin@inlightre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaylee Martin 229 269-6296  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Commonwealth Avenue Jacksonville Propco, 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. 88-0696498  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 820 A1A North 6. 820 A1A North  
(Street Address of Principal Office) (Mailing Address)  
Suite E21 Suite E21  
Ponte Vedra Beach, Florida 32082 Ponte Vedra Beach, Florida 32082

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

Name: David Burch  
Office Address: 820 A1A North, Suite E21  
Ponte Vedra Beach 32082  
(City) (Zip code)

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2022 FEB 23 AM 10:23  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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.

[Signature]  
(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:**

☒ Manager      Name: David Burch

☐ Member      Address: 820 A1A North

☐ Authorized      Suite E21

Person      Ponte Vedra Beach, Florida 32082

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Jeffrey Berryhill

☐ Member      Address: 820 A1A North

☐ Authorized      Suite E21

Person      Ponte Vedra Beach, Florida 32082

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

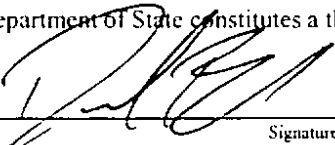
Person      \_\_\_\_\_

☐ 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

David Burch, Manager  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "COMMONWEALTH AVENUE JACKSONVILLE  
PROPCO, 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 SIXTEENTH DAY OF FEBRUARY,  
A.D. 2022.



6622648 8300

SR# 20220522304

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202673601

Date: 02-16-22