20 Horida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000098291 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6333

From:

Email Address:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 : (845)818-3588 Fax Number

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

Foreign Limited Liability Company Brightstone Residential LLC Series C 4001 NW 22nd St

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

S. ROBERTS

MAR 16 2022

Electronic Filing Menu Corporate Filing Menu

Help



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

DELAWARE, DO HEREBY CERTIFY "BRIGHTSTONE RESIDENTIAL LLC SERIES C

4001 NW 22ND ST" 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

MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "BRIGHTSTONE RESIDENTIAL LLC SERIES C 4001 NW 22ND ST" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIGHTSTONE RESIDENTIAL LLC SERIES C 4001 NW 22ND ST" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2022.

at corp.delaware.gov/auti

Authentication: 202923590

Date: 03-16-22

From: Vcorp Services, LLC

To, +18506176383 - Page: 7 of 8 2022-03-16 14:38:50 GMT 18886118813 From Vcorp Services, LLC

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (II mame onavailable, enter alternate o | ame adopted for the purpose of transacting business in Flo | orda. The alterrate name must melode "Limited Liahi | hts Company," "L L C." or "L! | l.C ") |
|---|---|---|-------------------------------|-----------|
| Delaware | | 2 | | |
| 2. 3. (Insoliction under the law of which foreign limited liability company is organized) | | 3(flit number. | it applicable) | |
| 4. | | | _ | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine | ne penatry liability) | | |
| Book Law Group, LLC | | Book Law Group, LLC 6. (Mailing Address) | | |
| Street Address of Principal Office) | | (Mading Address) | | |
| 2 Perlman Drive, Suite | 201 | 2 Perlman Drive, Suite 201 | | |
| Spring Valley, NY 10977 | | Spring Valley, NY 10977 | | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptable) | 2022 MAR SECULIA | · m.t.m.t |
| Name: | Veorp Services, LLC | | AR 16 PA | (0.462) |
| Office Address: | 1200 South Pine Island Road | South Pine Island Road | | -emery |
| | Plantation 33324 | | 2: 07 | |
| | (City) | (Zip zode) | | |
| designated in this applica to comply with the provise | gistered agent and to accept service of pation, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. | s registered agent and agree to act in | this capacity. I furth | er agree |
| | Jaganosa | | | |

To: +18506176383 . . .

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: Brightstone Residential LLC | ∏Manager | Name: |
| ■Member | Address: | □ Member | Address: |
| □Authorized | 2 Perlman Drive, Suite 201 | □Authorized | |
| Person | Spring Valley, NY 10977 | Person | |
| □Other | □Other | _Other | □Other |
| | | | |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | · | ☐ Authorized | |
| Person | | Person | |
| □Other | | | □Other |
| | | | |
| ☐Manager | Name: | □Manager | Name: |
| ⊡Member | Address: | I Member | Address: |
| ☐Authorized | | Authorized | |
| Person | | Person | |
| □ 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 felony as provided for in s.817.155, F.S.

| gajanoès (| | |
|--------------|-----------------------------------|--|
| - | Signature of an authorized person | |
| Taylor Lolya | | |
| | Typed or printed name of signee | |