

MA200000 9493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

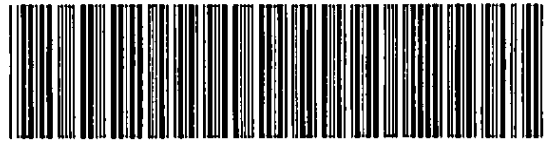
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300388601583

06/01/22--01019--002 \*\*160.00

2022 JUN -1 PM 1:19

S. FRANKLIN  
JUN 18 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** New Berlin Road 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

2022 JUN -1 PM 1:19

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. New Berlin Road 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," "LLC," or "LLC.")

2. Delaware 3. 88-2256158  
(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  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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)

2022 JUN -1 PM 1:19

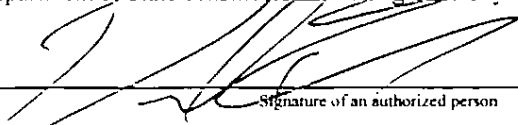
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	David Burch		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	820 A1A North		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite E21		<input type="checkbox"/> Authorized			
Person		Ponte Vedra Beach, Florida 32082		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Jeffrey Berryhill		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	820 A1A North		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite E21		<input type="checkbox"/> Authorized			
Person		Ponte Vedra Beach, Florida 32082		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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 605.0207(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 "NEW BERLIN ROAD 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 TWELFTH DAY OF MAY, A.D. 2022.

2022 JUN -1 PM 1:19



  
Jeffrey W. Bullock, Secretary of State

6792763 8300

SR# 20221930786

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

Authentication: 203409886

Date: 05-12-22