

MA2000061 2869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

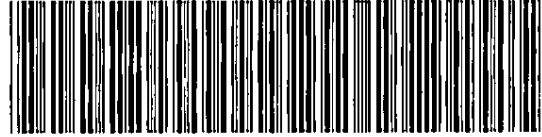
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 16 PM 3:19

2022 AUG 16 PM 1:49

ALLIANCE

19
COUNTY, FLORIDA

T. LEMIEUX

AUG 17 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 884296 4342390

AUTHORIZATION :

Eylien Baker

COST LIMIT : \$ 125.00

ORDER DATE : August 15, 2022

ORDER TIME : 1:46 PM

ORDER NO. : 884296-015

CUSTOMER NO: 4342390

FOREIGN FILINGS

NAME: BCPF CYPRESS PLAZA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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. BCPF Cypress Plaza 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. c/o Barings LLC, Attn: Corporate Real Estate
(Street Address of Principal Office)

300 South Tryon Street, Suite 2500

Charlotte, NC 28202

6. c/o Barings LLC, Attn: Corporate Real Estate
(Mailing Address)

300 South Tryon Street, Suite 2500

Charlotte, NC 28202

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Eyleen Baker
Assistant Vice President
(Registered agent's signature)

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2022 AUG 16 PM 1:49
TALLAHASSEE, FLORIDA

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: BCPF Cypress Plaza JV LLC

☒ Member Address: c/o Barings LLC

☐ Authorized 300 South Tryon Street, Suite 2500

Person Charlotte, NC 28202

☐ Other ☐ Other

☐ Manager Name: Deborah Schwartz

☐ Member Address: c/o Barings LLC

☒ Authorized 300 South Tryon Street, Suite 2500

Person Charlotte, NC 28202

☐ Other ☐ Other

☐ Manager Name: Mark Freeman

☐ Member Address: c/o Barings LLC

☒ Authorized 300 South Tryon Street, Suite 2500

Person Charlotte, NC 28202

☐ Other ☐ Other

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

☐ Manager Name: Cassia A. McCrain

☐ Member Address: c/o Barings LLC

☒ Authorized 300 South Tryon Street, Suite 2500

Person Charlotte, NC 28202

☐ Other ☐ Other

☐ Manager Name: Christopher Cassella

☐ Member Address: c/o Barings LLC

☒ Authorized 300 South Tryon Street, Suite 2500

Person Charlotte, NC 28202

☐ Other ☐ Other

☐ Manager Name: L. Geoff Smith

☐ Member Address: c/o Barings LLC

☒ Authorized 300 South Tryon Street, Suite 2500

Person Charlotte, NC 28202

☐ 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.

/s/ Deborah Schwartz

Signature of an authorized person

Deborah Schwartz

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BCPF CYPRESS PLAZA 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 AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCPF CYPRESS PLAZA LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2022.

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



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

6689964 8300

SR# 20223273784

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204172227

Date: 08-16-22