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Division of Corporations

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Foreign Limited Liability Company
Broadstone Plaza Collina Alliance, LLC

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Help

S. ROBERTS

OCT 06 2022

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. Broadstone Plaza Collina Alliance, 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. DE (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. 7135 E. Camelback Road, Suite 360 (Street Address of Principal Office)
6. 7135 E. Camelback Road, Suite 360 (Mailing Address)
Scottsdale, AZ 85251
Scottsdale, AZ 85251

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: Meredith Hellwig (Registered agent's signature) Meredith Hellwig, Assistant Secretary

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 type="checkbox"/> Manager	Name: <u>Robert C. Anderson</u>	<input type="checkbox"/> Manager	Name: <u>Brian P. Austin</u>
<input checked="" type="checkbox"/> Member	Address: <u>222 West Comstock Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>820 Gessner, Suite 1000</u>
<input type="checkbox"/> Authorized Person	<u>Suite 115</u> <u>Winter Park, Florida 32789</u>	<input type="checkbox"/> Authorized Person	<u>Houston, Texas 77024</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Baker Street Holdings, L.L.C.</u>	<input type="checkbox"/> Manager	Name: <u>Patrick W. Dukes</u>
<input checked="" type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>355 NE Ford Street</u>
<input type="checkbox"/> Authorized Person	<u>Suite 360</u> <u>Scottsdale, AZ 85251</u>	<input type="checkbox"/> Authorized Person	<u>McMinnville, Oregon 97128</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>HRE Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Christie H. Jordan</u>
<input checked="" type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>1720 Peachtree Street</u>
<input type="checkbox"/> Authorized Person	<u>Suite 360</u> <u>Scottsdale, AZ 85251</u>	<input type="checkbox"/> Authorized Person	<u>Suite 150</u> <u>Atlanta, Georgia 30309</u>
<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 605.0203 (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

V. Jay Hiemenz

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROADSTONE PLAZA COLLINA ALLIANCE, 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 SIXTH DAY OF OCTOBER, A.D. 2022.

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State, written in black ink over a horizontal line.

Jeffrey W. Bullock, Secretary of State

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Date: 10-06-22