

1/3/23, 4:06 PM

Division of Corporations

**M2300000078**

Florida Department of State  
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Email Address: legalsupport@firstkeyhomes.com

**Foreign Limited Liability Company  
IDFI SFR BBG I, LLC**

Certificate of Status	0
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S. FRANKLIN

JAN - 4 2023

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# 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. IDEF SER BBG L 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.   
(Jurisdiction under the laws of which foreign limited liability company is organized.) (L.L.C. 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. 875 THIRD AVENUE 6. c/o. FIRSTKEY HOMES, LLC  
(Street Address at Principal Office) (Mailing Address)

10TH FL 1850 PARKWAY PLACE, SUITE 900

NEW YORK, NY 10022 MARIETTA, GA 30067

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

Name: C.T. Corporation System  
 Office Address: 1206 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.*

C.T. Corporation System  
 By: /s/ Sandra Zwijack, Assistant Secretary  
(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]

<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:	MARC TOSCANO		<input checked="" type="checkbox"/> Manager	Name:	DANIEL CHOQUETTE	
<input type="checkbox"/> Member	Address:	875 THIRD AVENUE		<input type="checkbox"/> Member	Address:	875 THIRD AVENUE	
<input type="checkbox"/> Authorized		10TH FL		<input type="checkbox"/> Authorized		10TH FL	
Person		NEW YORK, NY 10022		Person		NEW YORK, NY 10022	
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:	CLIFTON B. HENIS		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	875 THIRD AVENUE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		10TH FL		<input type="checkbox"/> Authorized			
Person		NEW YORK, NY 10022		Person			
<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			

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.

*Marc Toscano*

Signature of an authorized person

MARC TOSCANO, MANAGER

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 "IDF1 SFR BBG I, 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 THIRD DAY OF JANUARY, A.D. 2023.

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

2023-01-03 15:10:55 CST



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SR# 20230009746

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 "JBULLOCK", 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: 202405778

Date: 01-03-23