

M23000000702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

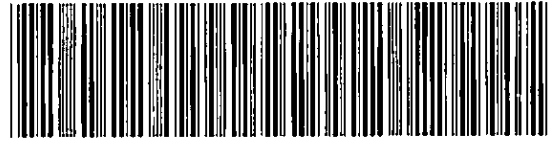
(Business Entity Name)

(Document Number)

Number of Copies _____ Certificates of Status _____

Additional Instructions to Filing Officer.

Office Use Only



300398470143

2023 JAN 19 11:01

RECEIVED

2023 JAN 19 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. FRANKLIN

JAN 20 2023



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/19/2023

Name: Janelle Davis

Reference #: 1886567

Entity Name: Southeast RE Acquisitions, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide a certified copy of the filing evidence.

*** Client is requesting that you provide "proof of submission" of this filing to the State ***

Authorized Amount: \$155.00

Signature: Janelle Davis

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. Southeast RE Acquisitions, 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. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9525 W Bryn Mawr Ave, Suite 700 6. 9525 W Bryn Mawr Ave, Suite 700
(Street Address of Principal Office) (Mailing Address)
Rosemont, IL 60018 Rosemont, IL 60018

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

Name: Cogency Global Inc.
Office Address: 115 N. Calhoun Street, Suite 4
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.

/S/ Eric Hood

(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]:

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

☐ Manager Name: Steve Poulos

☐ Member Address: 444 W. Lake St., Suite 3125

☐ Authorized Chicago, IL 60606

Person

☒ Other CEO ☐ Other

☐ Manager Name: Steve Groetsema

☐ Member Address: 444 W. Lake St., Suite 3125

☐ Authorized Chicago, IL 60606

Person

☒ Other Vice President ☐ Other

☐ Manager Name: Nick Siegel

☐ Member Address: 444 W. Lake St., Suite 3125

☐ Authorized Chicago, IL 60606

Person

☒ Other Vice President ☐ Other

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

☐ Manager Name: Anthony Pricco

☐ Member Address: 444 W. Lake St., Suite 3125

☐ Authorized Chicago, IL 60606

Person

☒ Other President ☐ Other

☐ Manager Name: Sean Zasche

☐ Member Address: 444 W. Lake St., Suite 3125

☐ Authorized Chicago, IL 60606

Person

☒ Other VP and CFO ☐ Other

☐ Manager Name: Kevin Carroll

☐ Member Address: 201 S. Biscayne Blvd.

☒ Authorized Suite 1950

Person Miami, FL 33131

☐ 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.

DocuSigned by:

Anthony Pricco

Signature of an authorized person

Anthony Pricco

Typed or printed name of signee

Delaware

The First State

Page 1

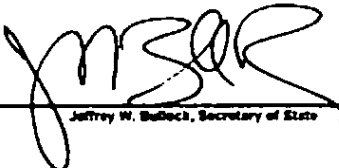
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHEAST RE ACQUISITIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHEAST RE ACQUISITIONS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2022.

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

10-19-23




Jeffrey W. Bullock, Secretary of State

6827973 8300

SR# 20230186478

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

Authentication: 202526251

Date: 01-19-23