(	Requestor's Name)
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(.	Address)
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PICK-UP	WAIT MAIL
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	Document Number)
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Office Use Only



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S. FRANKLIN FEB 0 2 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/0	01/2023		
Name:	Merritt Walker	_	
Reference #:	1896654	<u> </u>	
	BEACON C	OLLEGE VUE LLC	
✓ Articles of	Incorporation/Authorization	to Transact Business	
Amendmer	nt	-1	
Change of	Agent	- -	- - - ,
Reinstatem	nent	,	•
Conversion	١		
☐ Merger			
Dissolution	Withdrawal		
☐ Fictitious N	lame		
✓ Other	CERTIFIED CO	PY OF THE FILING EVIDENCE	_
Authorized Amour	nt: <b>\$155</b>	<del></del>	
Signature:	mw		

F: 800.944.6607

F: +852.2682.9790

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSIN IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIA.

COMPANYTOTRANSACTBUNNENN INTHE STATE OF FLORIDA:

1. Beacon College Vue LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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."

Delaware

2. 3.

(Jurisdiction under the law	law of which foreign limited liability company is organized)		(FEI number, if applicable)	
April 1, 2023				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration ) mine penalty liability)		
83 Warren Ave, B	oston, MA 02116	83 Warren Ave, Boston,	, MA 02116	
et Address of Principal Off	ice)	6. (Mailing Address)		
			5-0 	
		· <del></del>	<del></del>	
	<del></del>			
Name and <u>street ad</u>	dress of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	 : 	
Name:	Cogency Global Inc.		;; ;;;	
	115 North Calhoun Street, Suite 4	<del></del>		

## Registered agent's acceptance:

Office Address:

Tallahassee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi and accept the obligations of my position as registered agent.

(Cay)

Ashley Cepin, Asst Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authoriz manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: North Beacon Capital, LLC □Manager Name: **■**Manager Address: \_\_\_\_\_ 83 Warren Ave Address: \_\_\_\_\_\_ □Member ■ Member Boston, MA 02116 □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other Other\_\_\_\_ Name: \_\_\_\_\_\_ Name: □Manager □Manager □ Member Address: □ Member Address: \_\_\_\_\_\_ ئے، ☐ Authorized □ Authorized Person Person □Other □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Name: \_\_\_\_\_\_ □Manager Name: □Manager Address: \_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ ☐ Member Address: \_\_\_\_ □Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 oat of the translator must be submitted) 203 (1) (b), Florida Statutes. I am aware that any false information 10. This document is executed in accordance institutes adhied degree felony as provided for in s.817.155, F.S. submitted in a document to the Department of Nort Feacon Capital, LLC, Its Manager Beacon College Adam Slutsky

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BEACON COLLEGE VUE 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 FIRST DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEACON COLLEGE VUE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

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



Authentication: 202621047

Date: 02-01-23