## M2300001

(Red	questor's Name)	
(Add	iress)	
(Add	lress)	-
(City	/State/Zip/Phone	e #)
, ,	·	,
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



400414190904

2023 SEP -5 AM 10: 00

6 }

RECEIVED

## **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate:	C	)9/05/2023	- w: DW
			Acc#I20160000072	4: ( ) = W
Name:	Prose Bi	g Sky	/ Alliance Developer	, LLC
Document #:				
Order #:	1510750	1		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of				
Apostille/Notarial Certification:		-	Country of Destination:  Number of Certs:	
Filing: 🗸	Certif Plain: COGS			Email Address for Annual Report Notificat
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amou	unt:\$	155.00	

Thank you!

## 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:

Prose Big Sky Alliance	Developer, LLC Limited Liability Company; must include "Lii					_
(Name of Foreign	Limited Liability Company; must include "Li	mited Liability (	Company," "L.L.C.," or "LLC.")			
If name unavailable, enter alternate a	name adopted for the purpose of transacting business	in Florida. The alt	ernate name must include "Limited Liabili	dy Company," "	'L.L.C," or '	_ '1.1.C,'')
Delaware 2		3	(FEI number, (			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_	(FEI number, i	f applicable)		-
1						
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.) termine penalty lis	bility)			
7135 E. Camelback Road, Suite 360		7 6	135 E. Camelback Road			
5. Street Address of Principal Office)		··· _	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·		<del></del>
Scottsdale, AZ 85251		S	cottsdale, AZ 85251			
		_			_	_
7. Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> ac	ceptable)		20:	
				_	23 SI	
N.,	C T Corporation System				<del>[]</del>	, , , , , , , , ,
Name:				7.	Ċ	:
Office Address:	1200 South Pine Island Road				WH 10:	y ⊈ <sub>U</sub> - venter sy
	Plantation		33324	- 1	<u>ö</u> :	***************************************
	(City)		, Florida(Zip code)		00	
	(6.1)7		,			
designated in this applica to comply with the provis	otance: egistered agent and to accept service ttion, I hereby accept the appointme tions of all statutes relative to the pro is of my position as registered agent.	nt as register oper and com	ed agent and agree to act in a	this capacii	ty. I fur.	ther agra
	Atexamor Honey	Stephar	nie Hencz Assistant Secre	etary		
	(Registered ag	ent'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: Name and Address: Title or Capacity: Name: Robert C. Anderson Baker Street Holdings, L.L.C. Name: □Manager □ Manager 7135 E. Camelback Rd. 222 Comstock Ave. Address: ■ Member **■** Member Address: Suite 115 Suite 360 □ Authorized □ Authorized Scottsdale, AZ 85251 Winter Park, FL 32789 Person Person □Other \_\_\_\_\_ Other ☐ Other □Other\_\_\_\_\_ Name: \_\_\_ Name: Brian Pl Austin □Manager Address: 820 Gessner 7135 E. Camelback Rd. ■ Member **■** Member Suite 360 Suite 100 □ Authorized □ Authorized Scottsdale, AZ 85251 Houston, TX 77024 Person Person Other Other □Other □Other Michael J. Ging Name: Robert G. Weston, Jr. □Manager □Manager Address: \_\_\_\_\_ 7135 E. Camelback Rd. □Member Address: □ Member 1800 Military Trail, Ste. 250 Suite 360 Authorized Authorized Scottsdale, AZ 85251 Boca Raton, FL 33431 Person Person 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 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/ Toni Weinstein Signature of an authorized person Authorized Representative Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "PROSE BIG SKY ALLIANCE DEVELOPER, 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 FIFTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204090554

Date: 09-05-23