

11/20/23, 12:49 PM

Division of Corporations  
 Florida Department of State  
 Division of Corporation  
 Electronic Filing  
 Cover Sheet

# M23000015140

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000400263 3)))



H23000400263 34801

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC  
 Account Number : 120010000144  
 Phone : (305)528-2344  
 Fax Number : (305)520-2400

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
 Brightline Tampa LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu Help

APPROVED  
 AND  
 FILED

2023 NOV 30 AM 10:35

DEC 02 2023  
 K. Brumblay

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Brightline Tampa LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jessica Perez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

350 NW 1st Avenue, Suite 200

\_\_\_\_\_  
Address

Miami, FL 33128

\_\_\_\_\_  
City/State and Zip Code

jessica.perez@fcci.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Perez

305

520-2366

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

**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. Brightline Tampa 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

(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)

350 NW 1st Avenue, Suite 200

5. \_\_\_\_\_  
(Street Address of Principal Office)

Miami, FL 33128

350 NW 1st Avenue, Suite 200

6. \_\_\_\_\_  
(Mailing Address)

Miami, FL 33128

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

Name: Cynthia Bergmann

Office Address: 350 NW 1st Avenue, Suite 200

Miami

(City)

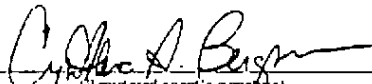
, Florida

33128

(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.*

  
(Registered agent's signature)

2023 NOV 30 AM 10:35

APPROVED  
AND  
FILED

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: Patrick W. Goddard	<input type="checkbox"/> Manager	Name: Jeffrey C. Swiatek
<input type="checkbox"/> Member	Address: 350 NW 1st Avenue, Suite 200	<input type="checkbox"/> Member	Address: 350 NW 1st Avenue, Suite 200
<input type="checkbox"/> Authorized	Miami, FL 33128	<input type="checkbox"/> Authorized	Miami, FL 33128
Person		Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other CFO	<input checked="" type="checkbox"/> Other VP
<input type="checkbox"/> Manager	Name: Christopher C. Yarris	<input type="checkbox"/> Manager	Name: Cynthia Bergmann
<input type="checkbox"/> Member	Address: 350 NW 1st Avenue, Suite 200	<input type="checkbox"/> Member	Address: 350 NW 1st Avenue, Suite 200
<input type="checkbox"/> Authorized	Miami, FL 33128	<input type="checkbox"/> Authorized	Miami, FL 33128
Person		Person	
<input checked="" type="checkbox"/> Other CAO	<input checked="" type="checkbox"/> Other VP	<input checked="" type="checkbox"/> Other VP, S	<input checked="" type="checkbox"/> Other Chief Legal Officer
<input type="checkbox"/> Manager	Name: Kolleen Cobb	<input type="checkbox"/> Manager	Name: Juan (Rusty) Godoy
<input type="checkbox"/> Member	Address: 350 NW 1st Avenue, Suite 200	<input type="checkbox"/> Member	Address: 350 NW 1st Avenue, Suite 200
<input type="checkbox"/> Authorized	Miami, FL 33128	<input type="checkbox"/> Authorized	Miami, FL 33128
Person		Person	
<input checked="" type="checkbox"/> Other VP	<input checked="" type="checkbox"/> Other AS	<input checked="" type="checkbox"/> Other VP	<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

Cynthia Bergmann, Vice President, Secretary and Chief Legal Officer

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 "BRIGHTLINE TAMPA 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 TWENTY-NINTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIGHTLINE TAMPA LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2023.

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



2572925 8300

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: 204690500