

11/20/23, 12:32 PM

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Division of Corporations
Florida Department of State
Division of Corporations
120070000134

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.

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To:

Division of Corporations
Fax Number : (350)617-6323

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : 120070000134
Phone : (305)520-2444
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 East LLC

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

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DEC 02 2023

K. Brumley

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Brightline East 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@fecl.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

at ()

Name of Contact Person

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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate 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. Brighline East 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)

5. 350 NW 1st Avenue, Suite 200
(Street Address of Principal Office)

6. 350 NW 1st Avenue, Suite 200
(Mailing Address)

Miami, FL 33128

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, Florida 33128
(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.

Cynthia Bergmann
(Registered agent's signature)

APPROVED
AND
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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 EAST 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 EAST LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2023.

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



2571266 8300

SR# 20234090849

You may verify this certificate online at 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.

Authentication: 204690502

Date: 11-29-23