

M24000000544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

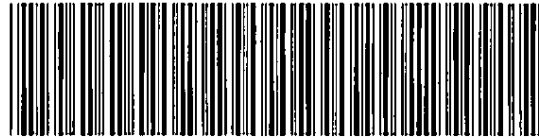
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 JAN 17 PM 6:10

RECEIVED

2024 JAN 17 PM 3:37

INDIANAPOLIS, INDIANA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext: 61594  
Date: 01/17/24  
Order #: 1389532-1  
Re: BCPF Osceola LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I20000000195

auth

A handwritten signature in cursive script, appearing to read 'Eyliena Baker', is written over the word 'auth'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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. BCPF Osceola 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. c/o Barings LLC, Attn: Corporate Real Estate  
(Street Address of Principal Office)

6. c/o Barings LLC, Attn: Corporate Real Estate  
(Mailing Address)

300 South Tryon Street, Suite 2500

300 South Tryon Street, Suite 2500

Charlotte, NC 28202

Charlotte, NC 28202

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

2024 JAN 17 PM 6:10

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**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.*

Corporation Service Company

By: Eylin Baker  
Assistant Vice President  
(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]:

<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: <u>Cassie A. McCrain</u>	<input type="checkbox"/> Manager	Name: <u>Christopher Cassella</u>
<input type="checkbox"/> Member	Address: <u>c/o Barings LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o Barings LLC</u>
<input checked="" type="checkbox"/> Authorized	<u>300 South Tryon Street, Suite 2500</u>	<input checked="" type="checkbox"/> Authorized	<u>300 South Tryon Street, Suite 2500</u>
Person	<u>Charlotte, NC 28202</u>	Person	<u>Charlotte, NC 28202</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Chelsey Horan</u>	<input type="checkbox"/> Manager	Name: <u>Deborah Schwartz</u>
<input type="checkbox"/> Member	Address: <u>c/o Barings LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o Barings LLC</u>
<input checked="" type="checkbox"/> Authorized	<u>300 South Tryon Street, Suite 2500</u>	<input checked="" type="checkbox"/> Authorized	<u>300 South Tryon Street, Suite 2500</u>
Person	<u>Charlotte, NC 28202</u>	Person	<u>Charlotte, NC 28202</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Christopher Berry</u>	<input type="checkbox"/> Manager	Name: <u>Shawn Kimble</u>
<input type="checkbox"/> Member	Address: <u>c/o Barings LLC</u>	<input type="checkbox"/> Member	Address: <u>c/o Barings LLC</u>
<input checked="" type="checkbox"/> Authorized	<u>300 South Tryon Street, Suite 2500</u>	<input checked="" type="checkbox"/> Authorized	<u>300 South Tryon Street, Suite 2500</u>
Person	<u>Charlotte, NC 28202</u>	Person	<u>Charlotte, NC 28202</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

/s/ Deborah Schwartz

Signature of an authorized person

Deborah Schwartz

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 "BCPF OSCEOLA 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 SEVENTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BCPF OSCEOLA  
LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2022.

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



6689972 8300

SR# 20240146565

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202607477

Date: 01-17-24