

M24000004845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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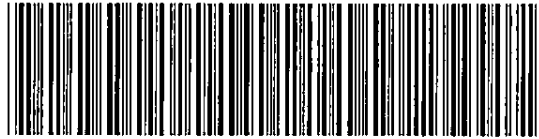
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 16 2024
K. Brumbley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/16/2024

Acc#I20160000072

awix

Name:	Prose Englewood Alliance, LLC
Document #:	
Order #:	15493485

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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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:

1. Prose Englewood Alliance, 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. 7135 E. Camelback Road, Suite 360
(Street Address of Principal Office)

6. 7135 E. Camelback Road, Suite 360
(Mailing Address)

Scottsdale, AZ 85251

Scottsdale, AZ 85251

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Meredith Hellwig

Meredith Hellwig Assistant Secretary

(Registered agent's signature)

2024 APR 16 PM 1:10

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:**

☐ Manager Name: Baker Street Holdings, L.L.C.

☒ Member Address: 7135 E. Camelback Rd.

☐ Authorized Suite 360

Person Scottsdale, AZ 85251

☐ Other ☐ Other

☐ Manager Name: Brian P. Austin

☐ Member Address: 820 Gessner

☒ Authorized Suite 100

Person Houston, TX 77024

☐ Other ☐ Other

☐ Manager Name: Michael J. Ging

☐ Member Address: 1800 Boca Center

☒ Authorized 1800 Military Trail, Suite 250

Person Boca Raton, FL 33431

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert C. Anderson

☐ Member Address: 222 Comstock Ave.

☒ Authorized Suite 115

Person Winter Park, FL 32789

☐ Other ☐ Other

☐ Manager Name: V. Jay Hiemenz

☐ Member Address: 7135 E. Camelback Rd.

☒ Authorized Suite 360

Person Scottsdale, AZ 85251

☐ Other ☐ Other

☐ Manager Name: Robert G. Weston, Jr.

☐ Member Address: 7135 E. Camelback Road

☒ Authorized Suite 360

Person Scottsdale, AZ 85251

☐ Other ☐ 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/ V. Jay Hiemenz, Authorized Person

Signature of an authorized person

Authorized Person

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 "PROSE ENGLEWOOD ALLIANCE, 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 FIFTEENTH DAY OF APRIL, A.D. 2024.

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



3438670 8300

SR# 20241453627

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203253062

Date: 04-15-24