(Red	questor's Name)	
(Ādo	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name	e)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer.	

Office Use Only



000428281600



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:_	04/30/2024	
Name:	Patrice Rush	-
Refere	nce #: 2334199	_
Entity N	Name: COUNTERPOINTE SUSTA	AINABLE REAL ESTATE II LLC
V	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	ized Amount: \$125.00	
Signati	ure: () All	

TO:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Counterpointe Sustainable Real Estate II LLC	
CACA DATE.	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flori	
Please	turn all correspondence concerning this matter to the following:	
	Joseph Kelly	orida. ificate
	Name of Person	
	Counterpointe Sustainable Advisors LLC	
	Firm/Company	
	777 West Putnam Ave Suite 3-2	
	Address	
	Greenwich, CT 06830	
	City/State and Zip Code	
	operations.csa@counterpointesre.com	
Can file	E-mail address: (to be used for future annual report notification)	lorida. tifica te
ror tur	er information concerning this matter, please call:	
	Joseph Kelly 203 717-0428	orida. ificate
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Fee, Certified Copy of Status & Certified Copy	ate

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.

COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Counterpointe Sustainable Real Estate II 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. C." or "L. C." Delaware 92-3654874 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) N/A (Date first transacted business in Flonda, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 777 West Putnam Ave Suite 3-2 777 West Putnam Ave Suite 3-2 (Street Address of Principal Office) (Mailing Address) Greenwich, CT 06830 Greenwich, CT 06830 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun St. Suite 4 Office Address: 32301 Tallahassee , Florida (City) 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. Lauren Thorne Assistant Secretary (Registered agent's signifiare)

Manager Name: J. Christopher Hoeffel		Eric J. Alini			
Member Address: 777 West Putnam Ave 3-2 Member Address: Authorized Person Person Person Person Other Other Other Other Other Other Other Other Other Other Other Other Ot		ame:		Name:	
Authorized Person CEO IOther IOther Other Manager Name: J. Christopher Hoeffel Manager Name: Member Address: 777 West Putnam Ave 3-2 Member Address: Authorized Greenwich. CT 06830 Authorized Person Person Authorized Other Other Other Manager Name: Diane Alexander Manager Name: Member Address: Suite 163 Authorized Person Member Address: Authorized Manager Name: Other Other Member Address: Other Other Authorized Mailland, FL 32751 Person Other Other Other Other Other Other Other Other Other Other Other Other Other		~~~~	Member		
Person CEO Other Other Other Other Manager Name: J. Christopher Hoeffel Manager Name: Member Address: 777 West Putnam Ave 3-2 Member Address: Authorized Person Person Person Person Person Person Other	Authorized		Authorized		
Manager Name: J. Christopher Hoeffel Manager Name: Manager Name: Manager Name: Manager Name: Member Address: Member Member Name: Member Member Manager Name: Member Member Member Manager Name: Member Member Address: Member Address: Member Address: Member Address: Member	Person		Person		
Member Address: Member Address: Member Address: Member Address:	CEO.				Other
Member Address: 777 West Putnam Ave 3-2 Member Address: Authorized Person Person Person Other Other Other Other Other	⊒Manager N	J. Christopher Hoeffel	∐ Manager	Name:	
Authorized Greenwich, CT 06830 Authorized			∐ Member		
Manager Name: Diane Alexander Manager Name: Manager Name: Member Address: Me			Authorized		
Manager Name: Diane Alexander Manager Name: Manager Name: Member Address: Suite 163 Authorized Person Maitland, FL 32751 Person Other Othe	Person _		Person		
Member Address: Authorized Suite 163 Authorized Person Other Other Other	▼OtherPresident	Other	Other		Other
Member Address: Authorized	≤ Manager N	Diane Alexander	☐ Manager	Name:	
Authorized Person Maitland, FL 32751 Person Other Oth		ddress:2600 Maitland Center Pkwy	Member		
Person Other Other Other Other Other Other Other Attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records insidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unif the translator must be submitted) O. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Docusioned by: 1	_		Authorized		
mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records insidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unif the translator must be submitted) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Docusioned by: 1. The attachment will be imaged for reporting purposes only. In the image of the imag	Person	Maitland, FL 32751	Person		
mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unif the translator must be submitted) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false informated in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Docusioned by: 1. **Attached** is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate uniform the translator must be submitted) 1. **Attached** in a foreign language is a translation of the certificate uniform language. (If the certificate is in a foreign language is a translation of the certificate uniform language. (If the certificate is in a foreign language is a translation of the certificate uniform language. (If the certificate is in a foreign language is a translation of the certificate uniform language.)	Other	Other	Other		Other
Signature of an authorized person	ndexed individuals made. Attached is a certific urisdiction under the lof the translator must be 0. This document is e	ay be added to the index when filing your Floate of existence, no more than 90 days old, aw of which it is organized. (If the certificate submitted) executed in accordance with section 605,020 at to the Department of State constitutes a the	lorida Department of Sta duly authenticated by the te is in a foreign language (3 (1) (b), Florida Statute hird degree felony as pro	ite Annual Rep ne official havinge, a translation es. I am aware t	ort form. ng custody of records in of the certificate under that any false information
argnature of an authorized person			4E892A17ADCA4CB		<u> </u>
J. Christopher Hoeffel		Ů	·		



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

DELAWARE, DO HEREBY CERTIFY "COUNTERPOINTE SUSTAINABLE REAL ESTATE

II 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 THIRTIETH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COUNTERPOINTE SUSTAINABLE REAL ESTATE II LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2023.

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



Authentication: 203364907

Date: 04-30-24

7340957 8300 SR# 20241752036