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Division of Corporations

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To:
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: awix@allresco.com

PLEASE HONOR ORIGINAL FILING DATE OF 7/3/24

**Foreign Limited Liability Company
PROSE PLANT CITY ALLIANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUL -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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Electronic Filing Menu Corporate Filing Menu Help

JUL 09 2024

K. Brumbiey

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Prose Plant City Alliance, LLC
(Name of Foreign Limited Liability Company; 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 605.004 & 605.005, F.S. to determine penalty liability)
5. 7135 E. Camelback Road, Suite 360
(Street Address of Principal Office)
Scottsdale, AZ 85251
6. 7135 E. Camelback Road, Suite 360
(Mailing Address)
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.

Sandra Zwijack

Sandra Zwijack, Assistant Secretary

(Registered agent's signature)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>Baker Street Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Robert C. Anderson</u>
<input type="checkbox"/> Member	Address: <u>7135 E. Camelback Rd.</u>	<input type="checkbox"/> Member	Address: <u>200 South Orange Ave.</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 360</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 1575</u>
Person	<u>Scottsdale, AZ 85251</u>	Person	<u>Orlando, FL 32801</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Brian P. Austin</u>	 <input type="checkbox"/> Manager	Name: <u>V. Jay Hiemenz</u>
<input type="checkbox"/> Member	Address: <u>820 Gessner</u>	<input type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 100</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 360</u>
Person	<u>Houston, TX 77024</u>	Person	<u>Scottsdale, AZ 85251</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Michael J. Ging</u>	 <input type="checkbox"/> Manager	Name: <u>Robert G. Weston, Jr.</u>
<input type="checkbox"/> Member	Address: <u>1800 Boca Center</u>	<input type="checkbox"/> Member	Address: <u>7135 E. Camelback Road</u>
<input checked="" type="checkbox"/> Authorized	<u>1800 Military Trail, Suite 250</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 360</u>
Person	<u>Boca Raton, FL 33431</u>	Person	<u>Scottsdale, AZ 85251</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/ V. Jay Hiemenz

Signature of an authorized person

V. Jay Hiemenz

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 PLANT CITY 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 FIRST DAY OF JULY, A.D. 2024.

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



4102723 8300

SR# 20243032609

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: 203836029

Date: 07-01-24