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To:

Division of Corporations

Fax Number : (850)617-6383

From:

uЭ

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

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## Foreign Limited Liability Company **BCP JACKSONVILLE II, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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#### **COVER LETTER**

);	Registration Section Division of Corporations					
e ne	BCP JACKSONVILLE II, LLC					
LFY 12		Name of Limited Liability Company				
ence eten	nclosed "Application by Foreign Limited Liability Company to nce, and check are submitted to register the above referenced	or Authorization to Transact Business in Florida," Certificate foreign limited liability company to transact business in Floring				
isc i	return all correspondence concerning this matter to the follow	wing:				
	RHONDA SMITH					
	Name of Person					
	BCP JACKSONVILLE II, LLC					
	Firm/Co	опрапу				
	400 W NORTH ST., STE 112					
	Add	tress				
RALEIGH, NC 27603						
	City/State at	City/State and Zip Code				
	Rhonda@brookwoodcp.com					
	E-mail address: (to be used for f	uture annual report notification)				
furt	rther information concerning this matter, please call:					
	Rhonda Smith	919 906-6378				
	Name of Contact Person	Area Code Daytime Telephone Number				
		et Address: istration Section				
	<u>-</u>	ision of Corporations				
		Centre of Tallahassee				
	· · · · · · · · · · · · · · · · · · ·	5 N. Monroe Street, Suite 810 ahassee, FL 32303				
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$\Boxed{\subseteq}\$\$ \$125.00 Filing Fee \$\overline{\subseteq}\$\$ \$130.00 Filing Fee \$\overline{\subseteq}\$\$ Certificate of Status	ST OF STATE \$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy				

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# 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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BCP JACKSONVILLE II, LLC

[Name of Foreign Limited Liability Company; must holude "Limited Liability Company," "LLC.," or "LLC.," or "LLC.")

NORTH CAROLINA	neine sdopted for the purpose of transecting business to Flor	on the emission value staff socked flaumed resid	my company, then, or tec.;	
2. Usuadiolon under the law of w	Buch foreign limited liability company is organized)	3. (FEI nomber,	ber, if applicable)	
N/A 4				
*	(Date first transacted business in Piorida, if prior to re (See sections 606,0904 & 603,0905, F.S. to determine	istration.) penalty fishility)	<del></del>	
400 W NORTH ST., STE 112		400 W NORTH ST., STE 112		
5. (Street Address of Principal Office)		6(Mailing Address)	<del></del>	
RALEIGH, NC 27603		RALEIGH, NC 27603		
			70	
7. Name and street address	is of Florida registered agent: (P.O. Box	<u>4OT_acceptable)</u>	ZUZ4 DEC	
Name:	CAPITOL CORPORATE SERVICES,	NC.	9-6	
Office Address:	515 EAST PARK AVENUE, 2ND FL	<del></del>	<u> </u>	
	TALLAHASSEE	32301 . Florida	2. 2.	

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.

Morey Char Quick Mary Ann Quick, Asst. Secretary on behalf of Capitol (Registered agent's rigneries) Corporate Services, Inc.

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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<b>■</b> Manager	Name: Lindsay F. Sewell	□ Manager	Name: Rhonda Smith
□Member	Address: 400 W North St., Ste 112	□Member	Address: 400 W North St., Ste 112
☐ Authorized	Raidgh, NC 27603	■ Authorized	Raleigh, NC 27603
Person		Person	
□Other	C: Other	Other	□Other
□Manager	Name:	□ Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
Other	□Other	Other	□Other
□ Manager	Name:	□ Manager	Name:
□Member	Address:	□Member	Address:
☐ Authorized		□Authorized	
Person		Person	
Other	Other	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 filling 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

Typod or printed name of signer



# NORTH CAROLINA Department of the Secretary of State

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# CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### **BCP JACKSONVILLE II, LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 6th day of December, 2024

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of December, 2024.

Elaine I. Marshall

Secretary of State