

FR1000006723

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

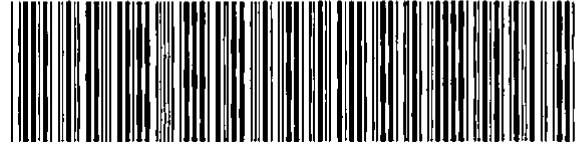
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 NOV 23 PM 3:22 2021 NOV 23 AM 11:36  
SOUTH CAROLINA  
TALLAHASSEE DISTRICT  
ALLAN ROBERTS, FILER

S. ROBERTS

NOV 23 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 263139 4310192  
AUTHORIZATION : *Squell Clement*  
COST LIMIT : \$ 70.00

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ORDER DATE : November 22, 2021  
ORDER TIME : 9:01 AM  
ORDER NO. : 263139-025  
CUSTOMER NO: 4310192  
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FOREIGN FILINGS

NAME: BUNGALOW LIVING PROPERTY  
MANAGEMENT, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bungalow Living Property Management, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nili T. Moghaddam

\_\_\_\_\_  
Name of Person

Bungalow Living Property Management, Inc.

\_\_\_\_\_  
Firm/Company

The Amex Wynwood, 215 NW 24th Street, Suite 400

\_\_\_\_\_  
Address

Miami, FL 33127

\_\_\_\_\_  
City/State and Zip code

nili@bungalow.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nili T. Moghaddam

at ( 415 ) 501-0981

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Bungalow Living Property Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 87-3375530
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/22/2021 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/22/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. The Annex Wynwood, 215 NW 24th Street, Suite 400, Miami, FL 33127
(Principal office street address)

(Current mailing address, if different)

8. 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)

2021 NOV 23 PM 3:22
TALLAHASSEE, FL

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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: Alexis Weibull, assistant vice president
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Andrew Collins

Vice Chairman Address: The Annex Wynwood  
215 NW 24th Street, Suite 400

Director Miami, FL 33127

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Justin McCarty

Vice Chairman Address: The Annex Wynwood  
215 NW 24th Street, Suite 400

Director Miami, FL 33127

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other Chief Executive C  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Nili Moghaddam

Vice Chairman Address: The Annex Wynwood  
215 NW 24th Street, Suite 400

Director Miami, FL 33127

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

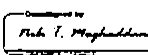
President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

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.

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Nili Moghaddam, Secretary  
(Typed or printed name and capacity of person signing application)

# Delaware


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUNGALOW LIVING PROPERTY MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUNGALOW LIVING PROPERTY MANAGEMENT, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2021.

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



  
Jeffrey W. Bullock, Secretary of State

6330951 8300

SR# 20213873636

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

Authentication: 204766301

Date: 11-22-21