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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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ACCOUNT NO. : I2000000195 REFERENCE : 463418 5012771 AUTHORIZATION COST LIMIT ORDER DATE: January 16, 2015 ORDER TIME: 11:47 AM ORDER NO. : 463418-005 CUSTOMER NO: 5012771 FOREIGN FILINGS NAME: FT FLORIDA RE, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Courtney Williams -- EXT# 62935

COVER LETTER

TO:

Registration Section

Division of Corpora	tions			
SUBJECT: FT Flor	ida RE, LLC			
	Name of Limite	d Liability Company		
The enclosed "Application by Existence, and check are subn	Foreign Limited Liability Compitted to register the above refer	pany for Authorizati enced foreign limite	on to Transact Business in Florida." d liability company to transact busin	Certificate of ness in Florida
Please return all corresponder	ce concerning this matter to the	following:		
Lisa (C. Mattson			
	N	ame of Person		
Acces	ss Industries, I	nc.		
		irm/Company		
730 F	ifth Avenue, 20			
		Address		
New '	York, New Yor			
	City/S	tate and Zip Code		
Imatts	on@accind.co			_
	E-mail address: (to be use	d for future annual rep	oort notification)	
For further information conce	ming this matter, please call:			
Lisa Matt	son	_ _{at (} 212	247-6400	_
Nε	me of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRE		ET ADDRESS:		
Division of Corpora Registration Section		on of Corporations ration Section	<u> </u>	? ;=
P.O. Box 6327		Building) ()
Tallahassee, FL 323		xecutive Center Cir assee, FL 32301	cle 25 AV	∮ ≽ ¬⊓
			55 23 65 25	
Enclosed is a check for t \$125.00 Filing Fe		☐ \$155.00 Filing	g Fee & D\$160.00 Filing Fee C	ertificate T
יו שוווו וייטי, כבום גם	Certificate of Status	Certified Cop		Copy:
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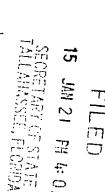
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FT Florida RE, 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 upon incorporation (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o Wilmington Family Office 1100 N. Market Street, Wilmington, Delaware 19890-2800 (Street Address of Principal Office) 6. same as above (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: BPTC LLC - sole manager; c/o Wilmington Family Office, 1100 N. Market Street, Wilmington, Delaware 19890-2800 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person

(In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 \$ 817 155, F S.)

Lisa C. Mattson

Typed or printed name of signee



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Comp	any is:		
If unavailable,	the alternate to be used in the	e state of Florida is:		
2. The name a	and the Florida street address	of the registered agent an	d office are:	
	Corporation Service Compar	ny		
		(Name)		
	1201 Hays Street			
		dress (P.O. Box NOT ACCEPTA	ABLE)	
	Tallahassee	32301 FL		
		City/State/Zip		
liability comporegistered age statutes relation	any at the place designated in nt and agree to act in this cap ng to the proper and complete igations of my position as regular Corporation Service Company	this certificate, I hereby ac acity. I further agree to co performance of my duties,	omply with the provisions of all and I am familiar with and	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Regist Certified Copy (optio	ered Agent ARRY 2	ロニコフ

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FT FLORIDA RE, 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 SIXTEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FT FLORIDA" RE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

15 JAN 21 PN 4:01

SECRETARY OF STATE
OF THE OFFICE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFICE

5675722 8300

150064878

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 2047174

DATE: 01-16-15

You may verify this certificate online at corp.delaware.gov/authver.shtml