

M15000010353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

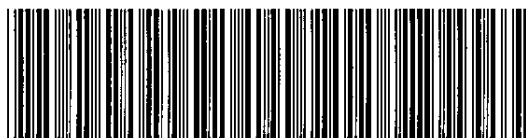
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-82276
608 + company as Mgr

Office Use Only



300280365793

12/28/15--01001--004 **680.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 DEC 23 PM 4:34
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 DEC 28 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 30 2015

SUNSHINE CORPORATE FILING of FLORIDA, INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

COVER LETTER
DATE: 12-23-15
WALK IN

ENTITY
NAME: BR Naples, LLC

(NAME AVAILABLE? ☒ CORRECT FORM ☒)

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY
☒ CERTIFIED COPY

CHECK # 2169
AMOUNT: 155-

PLEASE CONTACT TINA AT 850-508-1891 WITH ANY
QUESTIONS OR CORRECTIONS!

THANK YOU!
TINA GOFF, PRESIDENT
SUNSHINE CORPORATE & FILING SERVICES, INC.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2015

SUNSHINE CORPORATE FILING OF FLORIDA, INC.

SUBJECT: BR CARROLL NAPLES, LLC
Ref. Number: W15000082276

We have received your document for BR CARROLL NAPLES, LLC and your check(s) totaling \$680.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00026918

CR2L027 (9/10)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BR Carroll Naples, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Dani Damman

Name of Person

Bluerock Real Estate

Firm/Company

27777 Franklin Rd Suite 900

Address

Southfield, MI 48034

City/State and Zip Code

invoices@bluerockmi.com

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

For further information concerning this matter, please call:

Dani Damman

248

226-5700 ext 432

at (_____) _____

Name of 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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. BR CARROLL NAPLES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 47-5671933
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 712 Fifth Avenue, 9th Floor
New York, NY 10019
(Street Address of Principal Office)

6. 712 Fifth Avenue, 9th Floor
New York, NY 10019
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

BR Carroll Palmer Ranch, LLC MCB
27777 Franklin Road, Suite 900
Southfield, MI 48034

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)

[Signature]
Signature of an authorized person

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.

Chris Vohs
Typed or printed name of signee

FILED
2016 DEC 28 PM 1:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "BR CARROLL NAPLES, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2015, AT 11:48 O'CLOCK A.M.

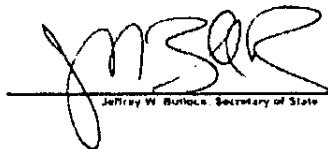
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "BR CARROLL NAPLES, LLC".

FILED
2015 DEC 28 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5886249 8100H
SR# 20151515296

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10678878
Date: 12-23-15