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Date: 06/15/2016	Account #: I20000000088		
Name: Tamara Clark			
Reference #: A264005	OLONE USE		
ENTITY NAME: REPLACEMENT BELL RIDGE GP LLC	Please Use original for		
Articles of Incorporation/Authorization to Transact Business	X-		
Amendment			
Annual Report			
Change of Agent X Please G	ic firstax = Es		
Reinstatement			
Conversion	رُدُونَ بران (17 الران بران (17 بران) بران (17 بران)		
Merger			
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Fictitious Name			
Other:			
Authorized Amount: 4/2500			
Signature: Jamana Coak			

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2016

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: REPLACEMENT BELL RIDGE GP LLC

Ref. Number: W16000042872

We have received your document for REPLACEMENT BELL RIDGE GP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 316A00012407

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO:

	Registration Section Division of Corporation	ns :					
SUBJEC	Т:	Replacemen	nt Bell Ridge GP LL	.c			
		Name of	Limited Liability (Company	,		
					ansact Business in Florida," Certifica y company to transact business in Flo		
Picase reti	urn all correspondence c	concerning this matter to the	e fallowing:				
		Joa	nne D. Flanagan				
	~ _	1	Name of Person				
			JDF, LLC				
		F	irm/Company				
		3401	Pemberwick Road Address				

	Greenwich, CT 06831 City/State and Zip Code					क	Y
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÷		E-mail address: (to be use	narak@dflaw.com	vannut neit	(Costion)	ر ت	
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For further	r information concernin	g this matter, please call:				in.	
	Kerl I	McNamara	at (203)	413-0367	;;	(3)
-	Name o	f Contact Person	Area Code	Day	time Telephone Number	Φ	ij.
Ī	MAILING ADDRESS: Division of Corporations Registration Section			Division Registrat	CADDRESS: of Corporations ion Section		
	P.O. Box 6327 Fallahassee, FL 32314				uilding coutive Center Circle ree, FL 32301		
Enclosed i	is a check for the follow 3 \$125.00 Filing Fee	ing amount: \$\Bigcup \text{\$\ext{\$\text{\$\exiting{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	☐ \$155,00 Filir Certified Copy	ng Fee &	☐ \$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: Replacement Bell Ridge GP 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.") Delaware 2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 340 Pemberwick Road Greenwich, CT 06831 (Street Address of Principal Office) 340 Pemberwick Road Greenwich, CT 06831 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Corporate Research, Ltd., inc. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee 32301 , Florida (City) 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 complywith 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. accept the obligations of my position as registered agent. Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Brian P. Myers, Authorized Person 340 Pemberwick Road Greenwich, CT 06831 9. Attached is a certificate of existence, no more than 90 stars 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) Manature 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. Brian P. Myers

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REPLACEMENT BELL RIDGE GP 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 FIFTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REPLACEMENT BELL RIDGE GP LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202494547

Date: 06-15-16

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