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Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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## Foreign Limited Liability Company BP DEVELOPMENT HOLDINGS LLC

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## COVER LETTER

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ивјест: <u>37</u> ј	Development Hol	dincis LLC ted Liability Company	?. 
The enclosed "Application by Fo existence, and check are submitt	reign Limited Liability Company ed to register the above reference	for Authorization to Transac d foreign limited liability com	t Business in Florida," Certificate of npany to transact business in Florida.
lease return all correspondence	concerning this matter to the follo	owing:	TECKEN IT I
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		and Zip Code  REALESTATE CO	N ion)
For further information concerni	ng this matter, please call:		
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P.O. Box 6327		Clifton Buildi	*
Tallahassee, FL 32314		2661 Executiv Tallahassee, F	re Center Circle L 32301
Enclosed is a check for Please make check pays	the following amount: ble to: FLORIDA DEPARTME	ENT OF STATE	
☐ \$125.00 Filing Fœ	S130.00 Filing Fee &	\$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLOREDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BB DEVIEL OBJAINTE HOLDINGS LLC.

(Name of Books	HOLDINGS LLC Limited Limited Company, must include Limited	d Lebility Company "Mil. C." or "L.C."
(Hamis or Foreign	Camino Suparity Company, these house Camino	
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Nahla els	- And Sales - Change bushes to Sha	ride. The alternate name must include "Limited Liability Company," "L.I.G" or "LLC")"
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	(See sections 605,2904 & 605,0905, P.S. to determine	and posterily intentity)
1550 Biscayne Boulevard, Suite 300		1550 Biscayne Boulevard, Suite 300
•	Nimipal Olifon)	6. (Marting Address)
(Street Address of	remipel Office)	(Minling Address)
et aut manifel gange		Miami, Florida 33132
liami, Florida 33132		Milanii, Florida 33132
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	e victoria de la compania de la comp	,——————————————————————————————————————
		NOT
me and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NUL acceptable)
	4 44 1 5 7 5	
	Arthur J. Murphy	سيامه بن وادين وسيام و يوني وادين وادين و ودين و دين و يوني به مدين و يوني دونو يوني و يوني و دين و يوني و دوني دونو يوني ويوني و يوني و يوني ويوني ويوني و دونو و يوني و يوني و يوني و يوني و يوني و يوني ويوني و يوني و يوني
Name:	Arthur J. Murphy	
Náme:		
	Arthur J. Murphy 1550 Biscayne Boulevard, Suite 300	
Name: Office Address:		
	1550 Biscayne Boulevard, Suite 300	33132
		· · · · · · · · · · · · · · · · · · ·

Registered agent's acceptance:

Having been named as registered agent and to accept tervice 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 validates to the proper and complete performance of my duties, and I am funding with and accept the obligations of my position as registered agent.

(Regisperd sems's signature)

Arthur J. Murphy

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Downtown Property Investment, LLC MARKE Managor ■ Manager 1550 Biscayne Boulevard ☐ Member Member Address: Suite 300 Authorized □Authorized Miami, Florida 33132 Person Person Other Other\_\_ Other\_ Manager Name: Manager Address: Address: Member Authorized Authorized Person Person Other Other\_\_ Other\_ Other Manager Manager Name: Member Authorized Authorized Person Person Other\_ Other\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing 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 onth 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 fallow as provided for in s.817.155, F.S.

Typed or printed name of signer

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BP DEVELOPMENT HOLDINGS 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BP DEVELOPMENT HOLDINGS LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2017.

PAID TO DATE.

2019 OCT 23 PM 4:51

6341462 8300
SR# 20197698235
You may verify this certificate online at corp.delaware.gov/authver.shtml

MSIC.

Authentication: 203852738

Date: 10-23-19