M 1300007192

(Requestor's Name)						
(Add	iress)					
(Address)						
(City	//State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Bus	siness Entity Nar	me)				
(Doc	cument Number)					
Certified Copies	Certificate	s of Status				
Special Instructions to F	-iling Officer:					

Office Use Only



500252661515

13 ROV 13 A.51 (0: 4.9 Ib) IS ISSION OF OUR CRANTAL

RECEIVED

FILED

2019 NOV 13 AM 9: 45

SECRETARY OF STATE
AND THE STATE OF STATE

SECRETARY OF S

N. Oulligan NOV 147/19



ION SERVICE COMPANY								
ACCOUNT NO. : 12000000195								
REFERENCE : 882651 4307052								
AUTHORIZATION: 882651 4307052								
COST LIMIT : \$ 125.00								
ORDER DATE: November 12, 2013								
ORDER TIME: 9:39 AM								
ORDER NO. : 882651-015								
CUSTOMER NO: 4307052								
FOREIGN FILINGS								
NAME: BROOKWOOD CP II, LLC								
XXXX QUALIFICATION (TYPE: <u>LL</u>)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CERTIFICATE OF GOOD STANDING								
CONTACT PERSON: Susie Knight EXT# 52956								
EXAMINER:								

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

	I COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	4 FO	REIGN				
1	Brookwood CP II, LLC						
1.,	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")						
con	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lie ompany," "L.L.C," "LLC.")						
2.	Delaware 3. 80-0950858						
7	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)						
4,	09/09/2013 5. Perpetual						
,	(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to					
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		2013 N				
7.	72 Cherry Hill Drive	===	NS				
	Beverly, MA 01915		$\bar{\omega}$				
	(Street Address of Principal Office)	=	=				
	8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:						
	Not Applicable. The name and address of the sole member is:						
	Brookwood U.S. Real Estate Aggregator, L.P. 72 Cherry Hill Drive, Beverly, MA 01915						
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody consistence is a foreign language instance of the certificate is a foreign language instance of the certificate under each of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: to acquire an interest in certain real estate as a tenant in common		ords in				
•	Leanform	'					
	Signature of a member or an authorized representative of a member.						
	(In accordance with section 608.408(3), 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 s.817.155, F.S.)						
	Thomas W. Brown						
	Typed or printed name of signee Manager of Brookwood U.S. Real Estate Fund CP, LLC the General Partner of Brookwood U.S. Real Estate Aggregator, L.P. The sole member of Brookwood CP II, LLC						

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 the L	imited Liability Con	npany is:	
·	Brookwood CF	P II, LLC	
If unavailable, the alto	ernate to be used in t	he state of Florida is:	
2. The name and the	Florida street addres	s of the registered agent and office a	
Corp	oration Service Compa	any	7.56 28.8
	(Name)		一 選章工
1201	Hays Street		13 E
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Tallah	nassee	FL 32301	9: 45
		City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By

(Signature)

Sue G. Knight

Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BROOKWOOD CP II, 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 TWELFTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKWOOD CP

II, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2013.

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

5396001 8300

131300347

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 0888666

DATE: 11-12-13

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