Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.

Account Number: I20J20000137

Phone

: (904)301-1269

Fax Number

: (904)301-1279

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

ian@mckilloplawfirm.com Email Address:

Foreign Limited Liability Company BellaCoop Fund R2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. SALY EXAMINER



July 18, 2014

FLORIDA DEPARTMENT OF STATE

DRIVER, MCAFEE, PEEK & HAWTHORNE, P. L.

SUBJECT: BELLACOOP FUND R2, LLC

REF: W14000044095

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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 FAX Aud. #: H14000170293 Letter Number: 514A00015447

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14 JUL 18 PH 4: 44
SECRETAIN OF STATE
MALLARASCER, FLORIDA

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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:

FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 BellaCoop Fund R2, 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 "L.L.C," or "L.L.C.")
2 Delaware 3 Applied for
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.
(Date first transacted business in Florida, il prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7563 Philips Highway, Suite 109
Jacksonville, Florida 32256
(Street Address of Principal Office)
6. 7563 Philips Highway, Suite 109
Jacksonville, Florida 32256
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Manager: JWB Real Estate Capital, LLC
7563 Philips Highway, Suite 109
Jacksonville, Florida 32256
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, P.S., the execution of this document constitutes a malignation under the penalties of perjury that the facts stated; herein are trus; and 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.)
Adam Rigel, Authorized Representative
Typed or printed name of signee

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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 DINJULION 8:20 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Compan	νì	is.
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BellaCoop Fund R2, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

McKillop Law Firm, P.L. 7563 Philips Hwy, Suite 101

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Jacksonville	32256	
	City/State/Zin	

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 605, Florida Statutes

By: Ian R. McKillop,

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

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BELLACOOP FUND R2, 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 FOURTEENTH DAY OF JULY, A.D. 2014.

5567625 8300

140947989

AUTHENTYCATION: 1530381 DATE: 07-14-14

Jeffrey W. Bullock, Secretary of State

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