# M15000007924

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#### **COVER LETTER**

	tration Section on of Corporatio	ns					
SUBJECT: B	PC/Larkspur Wist	tar LLC					
SOBJECT: _		Name of	Limited Liability	Company			
					ansact Business in Florida," Certificate of y company to transact business in Florida		
Please return al	l correspondence	concerning this matter to the	e following:				
	Kevin O. Fogle	e, Paralegal					
		Ŋ	Vame of Person				
	Nelson Mullin	s Riley & Scarborough LLP					
	Firm/Company						
	201 17th Street NW, Suite 1700						
			Address				
	Atlanta, Georg	ia 30363					
		City/S	State and Zip Code				
	kevin.fogle@nel	sonmullins.com					
		E-mail address: (to be use	d for future annua	report no	tification)		
For further info	rmation concernin	g this matter, please call:					
Kevin	O. Fogle		404 at (	322-62	85		
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number		
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	neck for the follow 5.00 Filing Fee	ving amount:  \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2015

KEVIN O. FOGLE, PARALEGAL NELSON MULLINS RILEY & SCARBOROUGH LLP 201 17TH STREET NW, SUITE 1700 ATLANTA, GA 30363

SUBJECT: BPC/LARKSPUR WISTAR LLC

Ref. Number: W15000065801

We have received your document for BPC/LARKSPUR WISTAR LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

Letter Number: 115A00020930

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

1. BPC/Larkspur Wistai (Name of Fo			
	preign Limited Liability Company; must include	"Limited Liability Company," "L,L,C.,"	or "LLC.")
		• • • • • • • • • • • • • • • • • • • •	·
(If name unavailable, enter Liability Company," "L.L.	alternate name adopted for the purpose of transa	ncting business in Florida. The alternate n	ame must include "Limited
Delaware	or LEC. )		
(Jurisdiction under the lav company is organized)	w of which foreign limited liability	(FEI number, if applicable	c)
4. N/A			<del></del>
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) . to determine penalty liability)	
5. 20801 Biscayne Boul	every! Ath Floor		<del>_</del>
Aventura, Florida 331	80		- <del>5</del> 0 <b>5</b> 1
6. 20801 Biscayne Boule	(Street Address of Principal O evard, 4th Floor	office)	E S
Aventura, Florida 331	80		るがより
770	(Mailing Address)		- 82 - m
7. Name and street addre	ss of Florida registered agent: (P.O. Box N	IOT acceptable)	E.F.
Name:	David Bernstein		1: 45 STATE STATE
Office Address:	20801 Biscayne Boulevard, Suite 403		P
	Aventura	, Florida 33180	_
Registered agent's accep-			
Having been named as red designated in this applican to complywith the provision		cess for the above stated limited liable gistered agent and agree to act in the complete performance of my duties	is capacity. I further agree
Having been named as red designated in this applical to complywith the provision accept the obligations of n	tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- tions of all statutes relative to the proper and my position as registered agent.  (Registered agent's	cess for the above stated limited liabi gistered agent and agree to act in the complete performance of my duties signature)	is capacity. I further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of name, title or capacate.	tance: gistered agent and to accept service of provious, I hereby accept the appointment as report of all statutes relative to the proper and my position as registered agent.  (Registered agent's city and address of the person(s) who has/ha	cess for the above stated limited liabi gistered agent and agree to act in the complete performance of my duties signature)	is capacity. I further agree
Having been named as red designated in this applicate to comply with the provision accept the obligations of name, title or capacity.	tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- tions of all statutes relative to the proper and my position as registered agent.  (Registered agent's	cess for the above stated limited liabi gistered agent and agree to act in the complete performance of my duties signature)	is capacity. I further agree
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Having been named as redesignated in this applicate to complywith the provision accept the obligations of name, title or capable.  8. The name, title or capable David Bernstein, Manager.  9. Attached is a certificate of	tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as re tions of all statutes relative to the proper and my position as registered agent.  (Registered agent's city and address of the person(s) who has/ha to 20801 Biscayne Boulevard, Suite 403  of existence, no more than 90 days old, duly f which it is organized. (If the certificate is)	cess for the above stated limited liable gistered agent and agree to act in the complete performance of my duties signature)  ave authority to manage is/are:  authenticated by the official having comparison of the complete performance of my duties.	is capacity. I further agree, and I am familiar with an
Having been named as redesignated in this applicate to comply with the provision accept the obligations of name, title or capacity.	tance: gistered agent and to accept service of provious, I hereby accept the appointment as report of all statutes relative to the proper and my position as registered agent.  (Registered agent's city and address of the person(s) who has/ha	cess for the above stated limited liabi gistered agent and agree to act in the complete performance of my duties signature)	is capacity. I further a

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BPC/LARKSPUR WISTAR 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 FIFTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BPC/LARKSPUR WISTAR LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2015.

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

15 OCT -5 PH 1: 45
SEUNETARY OF STATE

at corp delaware gov/auti

Authentication: 10179109

Date: 10-05-15

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SR# 20150377934