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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FLORIDA



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J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2015

CT

SUBJECT: 340 BISCAYNE OWNER LLC

Ref. Number: W15000071302

We have received your document for 340 BISCAYNE OWNER LLC and your check(s) totaling \$125.00. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00022773



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

October 27, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9752339 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

BH DOWNTOWN MIAMI, LLC (FL) Conversion Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at $(850)\ 222-1092$.

Thank you very much for your heip.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.ccm

COVER LETTER

SUBJECT: 340 BISCAYNE OWNER LLC Name of Limited Liability Company for Authoriz Existence, and check are submitted to register the above referenced foreign limited Please return all correspondence concerning this matter to the following: GUY MARTIN Name of Person 340 BISCAYNE OWNER LLC Pirm/Company 2750 NE 185TH STREET, SUITE 201 Address AVENTURA, FL 33180 City/State and Zip Code	ation to Transact Business in Florida," Certificate of
The enclosed "Application by Foreign Limited Liability Company for Authoriz Existence, and check are submitted to register the above referenced foreign limited foreign limited to register the above referenced foreign limited foreign	ation to Transact Business in Florida," Certificate of
Existence, and check are submitted to register the above referenced foreign lime. Please return all correspondence concerning this matter to the following: GUY MARTIN Name of Person 340 BISCAYNE OWNER LLC Pirm/Company 2750 NE 185TH STREET, SUITE 201 Address AVENTURA, FL 33180	
Name of Person 340 BISCAYNE OWNER LLC Pirm/Company 2750 NE 185TH STREET, SUITE 201 Address AVENTURA, FL 33180	ней імонну сотрацу ю панзасі оцілісь з ін гютца.
340 BISCAYNE OWNER LLC Pirm/Company 2750 NE 185TH STREET, SUITE 201 Address AVENTURA, FL 33180	
Pirm/Company 2750 NE 185TH STREET, SUITE 201 Address AVENTURA, FL 33180	
2750 NE 185TH STREET, SUITE 201 Address AVENTURA, FL 33180	
Address AVENTURA, FL 33180	
AVENTURA, FL 33180	
City/State and Zip Code	
GMARTIN@REGALIADEVELOPERS.COM	
B-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
GUY MARTIN at (305) 405-3270 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 STREET ADDRESS: Division of Corporations Registration Section Cliffon Building	
Tallahassee, FL 32314 2661 Executive Center Cir Tallahassee, FL 32301	cle
Enclosed is a check for the following amount: \$\overline{\Sigma}\$\$\\$125.00 \text{ Filing Fee} \text{\$\sigma}\$\$\\$130.00 \text{ Filing Fee & Certificate of Status} \text{\$\sigma}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	

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:

1, 340 BISCAYNE OWNER 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 and attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware 3.
(Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2750 NE 185th Street, Suite 201
Aventura, FL 33180
(Street Address of Principal Office)
6. 2750 NE 185th Street, Suite 201
Aventura, FL 33180
(Malling Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
BH Downtown Miami, LLC, Member
2750 NE 185th Street, Suite 201
Aventura, FL 33180
B. 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 an affirmation under the penalties of perjury that the facts styled 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, P.S.) JOAO Woller
Typed or printed name of signee

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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	ne of the Limited Liability C	Company is:	
340 BISC	AYNE OWNER LLC		
If unavailab	ole, the alternate to be used i	in the state of Florida is:	
2. The nam	e and the Florida street add	ress of the registered agent and office ar	e:
	C T Corporation Sys	tem	
		(Name)	15
	1200 South Pine Isla	uth Pine Island Road	
	Florida Stree	et Address (P.O, Box NOT ACCEPTABLE)	OCT 28 ARETARY
	Plantation	FL 33324	
		City/State/Zip	12: 48 STATE LORID,
liability com registered ag statutes relai	pany at the place designated gent and agree to act in this ling to the proper and compl bligations of my position as t	and to accept service of process for the and in this certificate, I hereby accept the apcapacity. I further agree to comply with lete performance of my duties, and I am foregistered agent as provided for in Chapt Signature)	opointment as the provisions of all amiliar with and

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "340 BISCAYNE OWNER 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-SEVENTH DAY OF OCTOBER, A.D. 2015.

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

15 OCT 28 AM 12: 48
SECRETARY OF STATE

Authentication: 10309867

Date: 10-27-15

5857793 8300 SR# 20150665441