(Red	uestor's Name)	
(Add	lress)	<del></del>
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
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Y SULKER

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### **COVER LETTER**

UBJECT:	BR Carroll Palmer Ranch, LLC	
	<del></del>	Name of Limited Liability Company
The enclosed Existence, an	l "Application by Foreign Limited L id check are submitted to register the	biability Company for Authorization to Transact Business in Florida." Certificate of e above referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this	matter to the following:
	Dani Damman	
		Name of Person
	Bluerock Real Estate	
		Firm/Company
	27777 Franklin Rd Suite 900	
		Address
	Southfield, MI 48034	
	Ingramma, and the second secon	City/State and Zip Code
	invoices@bluerockmi.com	
	E-mail addres	s; (to be used for future annual report notification)
or funther in	formation concerning this matter, p	lease call:
Dar	ni Damman	248 226-5700 ext 432
<del></del>	Name of Person	Area Code & Daytime Telephone Number
Divi	ILING ADDRESS: ision of Corporations istration Section Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

# SUNSHINE CORPORATE FILING OF FLORIDA, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

•
COVER LETTER  DATE: 12-23-15  WALK IN
ENTITY
NAME: BR Carroll Palmer Ranch
(NAME AVAILABLE? CORRECT FORM ()
PLEASE FILE THE ATTACHED AND RETURN:
PLAIN COPY CERTIFIED COPY
CHECK #
PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS!
THANK YOU! TINA GOFF, PRESIDENT SUNSHINE CORPORATE & FILING SERVICES, INC.



December 28, 2015

SUNSHINE CORPORATE FILING TINA GOFF

SUBJECT: BR CARROLL PALMER RANCH, LLC

Ref. Number: W15000082354

We have received your document for BR CARROLL PALMER RANCH, LLC and your check(s) totaling \$680.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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: 815A00026943

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

### COVER LETTER

TO: Registration Section

Div	ision of Corporation	S				
SUBJECT:	BR CARROLL PAL	MER RANCH, LLC				
		Name of Limited Liability Company				
		eign Limited Liability Compa I to register the above refere				
Please return	all correspondence c	oncerning this matter to the f	ollowing:			
	Sharon K. Gray				,	
	Name of Person					
	Triad Professional Services, LLC					
	Firm/Company					
	1720 Windward Concourse, Stc. 390					
	Address					
	Alpharetta, GA 30005					
		City/St	ate and Zip Code			
	ddamman@bluer	ockmi.com				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further is	nformation concerning	3 this matter, please call:				
Sh	aron K. Gray		770 at (	777-209		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADD RESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301		
	t check for the following fee	ing amount:  \$\sum_\$130.00 \text{Filing Fee & Certificate of Status}	■ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Cop	

## 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 RESINESS. IN THE STATE OF ELORIDA.

COMPANY TO TRANSACT BU	ISINESS INTHE STATE OF FLORIC	),4:		
BR CARROLL PALM	ER RANCH, LLC			
(Name of For	eign Limited Liability Company; m	ust include "Limited Li	ability Company." "L.L.C.," or "LLC	.")
				<del></del>
Liability Company," "L.L.C.	iternate name adopted for the purpo " or "LLC.")	se of transacting busine	ss in Florida. The alternate name mu	n include "Limited
2. Delaware		3. 47-5681032		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	The state of the s
4. Upon qualification				
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior t	o registration.)	
5. 712 Fifth Avenue, 9th			e penanty (appoint)	
New York, NY 10019				
· · · · · · · · · · · · · · · · · · ·	(Street Address of	Principal Office)	<del></del>	
6. 712 Fifth Avenue, 9th 1	Floor .			
New York, NY 10019				
	(Mailing	(Address)		
<ol><li>Name and street address</li></ol>	s of Florida registered agent: (I	P.O. Box <u>NOT</u> accep	table)	
Name:	NRAI Services, Inc.		<u></u>	
Office Address:	1200 South Pine Island Road		<del></del>	e sa Se se se se
	Plantation		, Florida 33324	5
	(City)		(Zip code)	<b>新</b>
Registered agent's accep Having been named as re		rvice of process for th	re above stated limited liability co	ompany at ille place N
designated in this applica	tion, I tereby accept the appoin	itnfent us registered (	agent and agree to act in this cap	acity. I fürtiter agree
	ons of áll statutes relative to the ny position as registered agent		e performance of my duties, and	Lam fanilliar syith week
iccept me oongunons of t	as registered gent	000		16 N
	(Regional Property of the Control of	stered agent's signature)		
,				\$ · · · · ·
' <del>'</del>	city and address of the person(s	) who has/have autho	rity to manage is/are:	
BR Carroll Naples, LLC	Manager			tellitricites
27777 Franklin Road, Sui	te 900			
Southfield, MI 48034				
3 444 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
or. Attached is a certificate urisdiction under the law of the translator must be su	of which it is organized. (If the a	ays old, duly authenti certificate is in a forci	cated by the official having custo- gn language, a translation of the c	ly of records in the ertificate under outh
/	Ga .			
	Signatur	e of an authorized perso	n	
This document is executed	in accordance with section 605.	.0203 (1) (b), Florida	Statutes, I am aware that any false ony as provided for in s.817.155,	information
леопитем или постирыи to	Chris Vohs	area a minu degree ler	on, as provided for ill 5.617.133,	1 (3)

Typed or printed name of signee

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT
COPIES OF ALL DOCUMENTS ON FILE OF "BR CARROLL PALMER RANCH,

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

LLC" AS RECEIVED AND FILED IN THIS OFFICE.

CERTIFICATE OF FORMATION, FILED THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2015, AT 11:55 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "BR CARROLL PALMER RANCH,

LLC".

Authentication: 10678919

Date: 12-23-15

5886259 8100H SR# 20151515401

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