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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 Toll Free: 844-541-6792

| DATE: 2-2-16 | WALK IN | | | | | | |
|--|---------------------------------------|--|--|--|--|--|--|
| ENTITY NAME: BR FOUR CORNERS ORLANDS LEASECO, LLC | | | | | | | |
| **PLEASE FILE THE ATTACHED AND RETURN:** | | | | | | | |
| Plain Copy | | | | | | | |
| Certified Copy | · · · · · · · · · · · · · · · · · · · | | | | | | |
| **PLEASE OBTAIN THE FOLLOWING FOR THE A | BOVE ENTITY:** | | | | | | |
| Certified Copy of Arts & Amendments | - | | | | | | |
| Certificate of Good Standing | | | | | | | |
| **APOSTILLE'/NOTARIAL CERTIFICATI | >>> | | | | | | |
| COUNTRY OF DESTINATION | | | | | | | |
| NUMBER OF CERTIFICATES REQUESTED | | | | | | | |
| TOTAL AMOUNT OWED: 1550 | 2 9 | | | | | | |
| CHECK NUMBER: 2241 | | | | | | | |
| PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFO | ORMATION ON THIS | | | | | | |
| MATTER. | | | | | | | |
| Thank you! Tina Goff, President | | | | | | | |
| Tina Goff, President | | | | | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2016

SUNSHINE CORPORATE FILING

SUBJECT: BR FOUR CORNERS ORLANDO LEASECO, LLC

Ref. Number: W16000007782

We have received your document for BR FOUR CORNERS ORLANDO: LEASECO, LLC and your check(s) totaling \$693.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00002500

2016 FEB -6 P 1: 29
TALLAH XSSEE, F SIGNA

consted!

February 3, 2016

SUNSHINE CORPORATE FILING

SUBJECT: BR FOUR CORNERS ORLANDO LEASECO, LLC

Ref. Number: W16000007782

We have received your document for BR FOUR CORNERS ORLANDO LEASECO, LLC and your check(s) totaling \$693.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 016A00002339

2018 FEB -b P I: 2'

7.1

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 TOTRANSACT RUSINESS. IN THE STATE OF FLORIDA:

| | ORLANDO LEASECO, LLC ign Limited Liability Company; mu | st include "Limited Liab | ility Company," "L.L.C.," or | r "LLC.") | |
|--|---|---|-----------------------------------|--|-----------------------|
| Liability Company," "L.L.C," | ternate name adopted for the purpose or "LLC.") | _ | in Florida. The alternate na | me must include "Lim | ited |
| 2. Delaware | | 381-1094173 | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | | (FEI number, if applicable | e) | • |
| 4. Upon qualification | | | | | |
| 5. 712 Fifth Avenue, 9th | (Date first transacted busin (See sections 605.0904 & 605 Floor | ess in Florida, if prior to a 1,0905, F.S. to determine | registration.) penalty liability) | | |
| New York, NY 10019 | | | | | |
| | (Street Address of | Principal Office) | | _ | |
| 6. 712 Fifth Avenue, 9th I | Ploor | | | ~ | |
| New York, NY 10019 | | | | | ap hobid |
| | (Mailing | Address) | | | WAST ALCOHOLD |
| 7. Name and street addres | s of Florida registered agent: (P | O. Box NOT accepts | able) | -6 | Enselved Ensembled |
| Name: | NRAI Services, Inc. | | _ | | [i ,(|
| Office Address: | 1200 South Pine Island Road | | - | | |
| | Plantation | | Florida 33324 | 29 | |
| designated in this applicate to complywith the provision | gistered agent and to accept sei tion, I hereby accept the appoin ons of all statutes relative to the my position as refistered agent. | tment as registered ag proper and complete | ent and agree to act in t | his capacity. I furth | ier agree |
| 8. The name, title or capa | city and address of the person(s |) who has/have authori | ity to manage is/are: | | |
| Bluerock Real Estate Hole | dings, LLC , Manager | | - | | |
| 27777 Franklin Road, Sui | | | | | |
| Southfield, MI 48034 | | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be st | (| ays old, duly authentic certificate is in a foreig | n language, a translation | g custody of records of the certificate und | in the ler oath |
| This document is executes | l in accordance with section 605. | • | | ny false information | |
| | the Department of State constit | | | | |

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BR FOUR CORNERS ORLANDO LEASECO, 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 FIRST DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BR FOUR CORNERS ORLANDO LEASECO, LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2016.

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

5928247 8300

SR# 20160502769

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

Jarriery W. Burlince, Socretary of State

Authentication: 201757875

Date: 02-01-16