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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 5, 2016

SUNSHINE CORPORATE SERVICES

SUBJECT: BR FOUR CORNERS ORLANDO DST MANAGER, LLC

Ref. Number: W16000007779

We have received your document for BR FOUR CORNERS ORLANDO DST MANAGER, LLC and your check(s) totaling \$693.75. However, the enciosed 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: 216A00002500

Michal œ

www.sunbiz.org



February 3, 2016

SUNSHINE CORPORATE SERVICES

SUBJECT: BR FOUR CORNERS ORLANDO DST MANAGER, LLC

Ref. Number: W16000007779

We have received your document for BR FOUR CORNERS ORLANDO DST MANAGER, 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: 716A00002338

2016 FEB -b P 1: 29
SECRE PRY OF STATE

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	·
ORLANDO DST MANAGER	RILLC
**PLEASE FILE THE ATTACHED AND RETUR	` '
Plain Copy	
Certified Copy	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOY	E ENTITY:
Document Number:	
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
**APOSTILLE'/NOTARIAL CERTIFICATION	**
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	2016 - F
TOTAL AMOUNT OWED: 155.00	EB -
CHECK NUMBER: 224	
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMA	
MATTER.	29 A
Thank you! Tina Goff, President	
Tina Goff, President	

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:

(Name of Fore	gn Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," o	r "LLC.")	-
1		·	·	_
Liability Company," "L.L.C,"		transacting business in Florida. The alternate na	ıme must include "Li	mited
Delaware		3. 81-1207319		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	c)	_
Upon qualification			_	
	(Date first transacted business in (See sections 605.0904 & 605.090)	Florida, if prior to registration.) 5, F.S. to determine penalty liability)		
712 Fifth Avenue, 9th	•		_	
New York, NY 10019			_	
	(Street Address of Princ	ipal Office)	75 25	
712 Fifth Avenue, 9th I	loor			te sources
New York, NY 10019			RE TO AHA	
	(Mailing Addr	ess)	- 53 · ·	7 (1) (1) (1)
/ Nome and start all to	, ,	•		
. Name and Street addres	s of Florida registered agent: (P.O. I	NOT acceptable)	יס לוב	finance A a it
Name:	NRAI Services, Inc.			
Office Address:	1200 South Pine Island Road		29 #∰#	
	Plantation	, Florida 33324		
	(City)	(Zip code)	-	
lesignated in this applicate complywith the provision	tion, I hereby accept the appointments of all statutes relative to the property position as registered agent.	of process for the above stated limited liaint as registered agent and agree to act in the period complete performance of my dutical agent's signature)	his capacity. I fun	ther agre
e Thomas title as same	aity and address of the person(a) who	has/have authority to manage is/are:		
		s has have addicately to manage is are.		
Bluerock Real Estate Hote	lings, LLC , Manager			
27777 Franklin Road, Sui	te 900			
Southfield, MI 48034				
9. Attached is a certificate urisdiction under the law of the translator must be so	of which it is organized. (If the certiful ibmitted)	old, duly authenticated by the official having icate is in a foreign language, a translation authorized person	g custody of record of the certificate ur	s in the nder oath
	Signature of a	n authorized person		
		(1) (b), Florida Statutes. I am aware that a a third degree felony as provided for in s.8!		n
	Christopher Vohs			

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BR FOUR CORNERS ORLANDO DST MANAGER,

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 DST MANAGER, LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2016.

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

5940251 8300

SR# 20160500713

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

APT'OF B BARRET . BRATTERY of BLIFE }

Authentication: 201757291

Date: 02-01-16