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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

FEB 0 9 2016

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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: 0-8-10	WALK IN
ENTITY NAME: BR ARCHCO FLAGLER	***************************************
VILLAGE LLC	
PLEASE FILE THE ATTACHED AND RETUR	N:
Plain Copy	
Certified Copy	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOV	E ENTITY:
Document Number:	
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
**APOSTILLE'/NOTARIAL CERTIFICATION:	**
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL AMOUNT OWED: 155	
CHECK NUMBER: 2253	
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMA	TION ON THIS
MATTER.	
Thank you!	
Tina Goff, President	

COVER LETTER

TO:	Registr Division	ation Section 1 of Corporation	.		,		
SUBJEC		ArchCo Flagler	Village, LLC				
CODARC		······································	Name of L	imited Liability (Сотрапу		•
The enclo	osed "A _l e, and cl	pplication by Fore teck are submitted	ign Limited Liability Compo to register the above referen	ny for Authoriza aced foreign limit	tion to Trai	nsact Business in Florida, company to transact busi	Certificate of sess in Florida
Please ref	tum all	correspondence co	oncerning this matter to the f	ollowing:			
		Sharon K. Gray					
			Na	me of Person			•
		Triad Profession	al Services, LLC				
Firm/Company							
1720 Windward Concourse, Ste. 390							
				Address			
		Alpharetta, GA	30005				
			City/Sta	ate and Zip Code	· · · · · · · · · · · · · · · · · · ·		•
		invoices@blueroc	kmi.com				
	~		E-mail address: (to be used	for future annual	report noti	fication)	•
For furthe	er infori	nation concerning	this matter, please call:				
_	Sharon	K. Gray		770 at (777-209	-	
•		Name of	Contact Person	Area Code	Dayı	time Telephone Number	•
j 1	Division Registra P.O. Bo	NG ADDRESS: a of Corporations tion Section x 6327 ssee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle see, FL 32301	
		ck for the following the following for the follo	ng amount: \$\infty\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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 REVIEWS IN THE STATE OF FLORIDA.

1. BR ArchCo Flagler Vi	llage, LLC eign Limited Liability Company; mus	st include "Limited Li	ability Company," "L.L.C.,"	or "LLC.")	_
		Linite Daniel	ioni, company, management	DDQ. y	
(If name unavailable, enter a Liability Company," "L.L.C,	Itemate name adopted for the purpose " or "LLC.")	of transacting busine	ess in Florida. The alternate n	ame must include "Li	mited
2. Delaware		3. 81-0830101			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicab	le)	_
4. Upon qualification					
4	(Date first transacted busines	ss in Florida, if prior t	to registration.)	_	
5. 712 Fifth Avenue, 9th	(See sections 605.0904 & 605.0 Floor	U903, F.S. to determin	ne penalty hability)		
New York, NY 10019					
	(Street Address of P	rincipal Office)			
6. 27777 Franklin Road, S	Suite 900			_ Mag 22	
Southfield, MI 48034				2016	
504111111111111111111111111111111111111	(Mailing A	(ddress)			noncreases.
7. Name and street addres	ss of Florida registered agent: (P.0	O. Box <u>NOT</u> accep	otable)	3887 A84	
Name:	NRAI Services, Inc.			m ^o P >	
Office Address:	1200 South Pine Island Road			STA:	<u>ن</u>
	Plantation		, Florida	2	
.	(City)		(Zip code)		
designated in this applica to complywith the provisi	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the pmy position of registered agent	ment as registered a proper and complet	agent and agree to act in te performance of my duti	this capacity. I furi	her agree
		_	/		
	ncity and address of the person(s)	who has/have author	ority to manage is/are:		
Bluerock Real Estate Hole	dings, LLC (MGK)		<u></u>		
27777 Franklin Road, Sui	te 900				
Southfield, MI 48034					
 Attached is a certificate jurisdiction under the law of the translator must be st 	of existence, no more than 90 day of which it is occanized. (If the ce	ys old, duly authent rtificate is in a fore	icated by the official havir ign language, a translation	ng custody of record of the certificate un	s in the ider oath
	Signature	of an authorized person	on		
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1) (b), Florida tes a third degree fe	Statutes. I am aware that a lony as provided for in s.8	any false information 17.155, F.S.	1
	Patrick Kendall				

Typod or printed name of signeo

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BR ARCHCO FLAGLER VILLAGE, 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 FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BR ARCHCO FLAGLER VILLAGE, LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2015.

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

5907287 8300

SR# 20160619294

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

Auffrey VI. Busines L. Societiery of Biotic

Authentication: 201785869

Date: 02-05-16