Page 1 of 2

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please

Email Address:

## Foreign Limited Liability Company BR Beach House Leaseco, LLC

Certificate of Status	0
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April 11, 2016

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: BR BEACE HOUSE LEASCO, LLC

REF: W16000026476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 FAX Aud. #: E16000087310 Letter Number: 916A00007318

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#### COVER LETTER

TO;		ration Section n of Corporatio	ns				
STUB IN		R Beach House L					
SUBJE	.c.i			Limited Liability (	Company		
The end Existen	closed "A ice, and c	application by Fo heck are submitt	reign Limited Liability Comed to register the above refer	ipany for Authoriza renced foreign limi	tion to Tr ted liabilit	ansact Business in Florida," y company to transact busin	Certificate of ess in Florida
Please :	return ail	correspondence	concerning this matter to the	following:			
		Sharon K. Gra	У				
			, n	ame of Person			
		Triad Profession	onal Services				
			F	irm/Company			
		1720 Windwar	rd Cancourse, Ste. 390				
				Address			
		Alpharetta, G/	A 30005				
			City/S	State and Zip Code			
			B-mail address: (to be use	d for future annual	report no	tification)	
For furt	ther infor	mation concernir	ng this matter, please call:				
Sharon K. Gray		770	777-20	91			
		Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
MALLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclose		eck for the follow .00 Filing Fee	ring amount:  \$\Bigsir \frac{1}{2} \\$130.00 \text{ Filing Fee & Certificate of Status}\$	■ \$155.00 Filin Certified Copy	g Fee &	☐ \$160,00 Filing Fee, Cet of Status & Certified Copy	

# 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 FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BR Beach House Leas			_	
(Name of For	rign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC,")		
(If name unavailable, enter at Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting husiness in Florida. The alternate name "or "LLC.")	must include	o "Limit	ed
2. Delaware	3 81-1935189			
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)		<del></del>	
4. Upon qualification				
	(Date first transacted husiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 712 Fifth Avenue, 9th	Floor			
New York, NY 10019			16	
2000 5 41 5 1	(Street Address of Principal Office)	7/2		
6. 27777 Franklin Road, 8	Suite 90()	32.77		****
Southfield, MI 48034		설겆		Distriction of the Contract of
· · · · · · · · · · · · · · · · · · ·	(Mailing Address)			171
7. Name and street address	s of Florida registered agent: (P.O. Hox NOT acceptable)	- 17 - 17	င္တစ္	Ngue Ju
Name:	NRAI Services, Inc.	25	ယ	' hay of
Office Address:	1200 South Pine Island Road		ω	
	Plantation , Ulorida 33324	•		
m 4	(City) (Zip code)			
Registered agent's accep- Having been named as re- designated in this applica-	unce: gistered agent and to accept service of process for the above stated limited liability tion, I hereby accept the appointment as registered agent and agree to act in this c	y company capacity. I	at the p	olace r agree
to complywith the provision	ons of all statutes relative to the proper and complete performance of my duties, a my position as regimered agent.			
a ac-la and politically sign	Production of the Company			
	(Respetered agent's signature)			
o 29 74	$\boldsymbol{\cdot}$			
Bluerock Real Estate Hold	erty and address of the person(s) who has/have authority to manage is/are: lings, LLC (MGR)			
27777 Franklin Road, Sui	te 900			
Southfield, MI 48034				
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be a</li> </ol>	al'existence, no more than 90 days old, duly authenticated by the official having our of which it is organized. (If the certificate is in a foreign language, a translation of the initial)	stody of re he certifica	cords ir te under	the roath
	& act			
	Signapare of an authorized person			
	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fi the Department of State constitutes a third degree felony as provided for in s.817.1:		ation	
	Sara Connelly			
	Typed or usinted 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 BEACH HOUSE 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 SEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BR BEACH HOUSE LEASECO, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2016.

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

Jertury W. Bullack, Bostotkey of SSRLe

5988503 8300 5R# 20162151629

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

Authentication: 202112085

Date: 04-07-16