(Requestor's Name)			
(Ac	(Address)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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ELASSEE, FLORIDA





MAY 1 8 2016 Y SULKER BW Danforth Owner LLC

() Nonprofit	_	
() Foreign	() Amendment	() Merger
() Limited Partnership	() Dissolution/Withdrawal	() Mark
(X) LLC	() Reinstatement	
Qualification	() Annual Report	() Other
	() Name Registration	
() Certified Copy	() Fictitious Name	
() Call When Ready		() CUS
(x) Walk In	() Photocopies	
() Mail Out		() After 4:30
	() Call If Problem	(x) Pick Up
Name	() Will Wait	
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Document	5/17/2016	Order#:
Examiner		10012908
Updater	KM	
Verifier		Ref#:
W.P. Verifier		
		Amount: \$

BW Danforth Owner LLC

() Nonprofit		
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Name	() Will Wait	
Availability		
Document	5/17/2016	Order#:
Examiner		10012908
Updater	KM	
Verifier		Ref#:
W.P. Verifier		
		Amount: \$

COVER LETTER

Div	ision of Corporation	5				
SUBJECT:	BW DANFORTH O					
		Name of L	imited Liability Co	ompany		
The enclosed Existence, ar	l "Application by Fore	ign Limited Liability Compa to register the above referen	any for Authorizati aced foreign limite	on to Trand liability	isact Business in Florida," Cert company to transact business is	ificate of n Florida
Please return	all correspondence co	oncerning this matter to the f	ollowing:			
	Ashlee Vega					
	**************************************	Na	me of Person			
	Beachwold Res	idential, LLC				
		Pir	m/Company			
	192 Lexington	Avenue, Suite 901				
			Address			
	New York, NY	10016				
		City/St	ate and Zip Code			
	avega@beachwo	ld.com				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E-mail address: (to be used	for future annual	report noti	fication)	
For further i	nformation concerning	this matter, please call:				
As	hlee Vega		646 at (354-21		
	Name o	Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \\$ \\$ 130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	icate

TO: Registration Section

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:

	TER TAG		
BW DANFORTH OW			1.(01)
(Name of Fore	ign Limited Liability Company; must i	nclude "Limited Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate, name adopted for the purpose o	f transacting business in Florida. The alternate name	must include "Limited
Delaware	v. 234. ,	2	
	of which foreign limited liability	(FEI number, if applicable)	
Upon Filing			
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)	
192 Lexington Avenue	•	, , ,	
New York, NY 10016	·	· · · · · · · · · · · · · · · · · · ·	
·	(Street Address of Pri	ncipal Office)	
5. 192 Lexington Avenue	Suite 901		
New York, NY 10016			k etang
	(Mailing Ad	ldress)	· 출생 ਨ
7 No			
. Name and street addres	s of Fiorida registered agent: (P.O	. Box NOT acceptable)	
Name:	C T Corporation System		SS I
Office Address:	1200 South Pine Island Road		
	Plantation	33324	
	(City)	, Florida 33324 (Zip code)	
Registered agent's accep	tance:	, , ,	₹£. ७
Having been named as re	gistered agent and to accept service tion. I hereby accept the appointment	ce of process for the above stated limited liabil nent as registered agent and ugree to act in thi	ity company at the place s conacity. I further agre
to complywith the provisi	ons of all statutes relative to the pi	roper and complete performance of my duties,	and I am familiar with
	my position as registered agent.	1/1/2	
	By: C T Corporation Sys	Kin Wasilensen.	
	(Register	ed agent's signature)	Kim Wasilewski Assistant Secretar
8. The name title or can	acity and address of the person(s) y	vho has/have authority to manage is/are:	Assistant Secretion
· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	nue, Suite 901, New York, NY 10016	
Ordeon 2. Friedman, res	polistoic tuity, 152 Loxiligion 1140	, , , , , , , , , , , , , , , , , , ,	
		s old, duly authenticated by the official having trificate is in a foreign language, a translation of	
of the translator must be s		introde is in a toroign language, a nanstantion of	tillo oottistouto ulius. onti
	1/4		
	Signature o	f an authorized person	•
mit de la companya de	-		
inis accument is executed submitted in a document t	o in accordance with section 605.02 the Department of State constitute	203 (1) (b), Florida Statutes. I am aware that any es a third degree felony as provided for in s.817	.155, F.S.
	·	Z. Friedman	
		Inted name of signee	-

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BW DANFORTH OWNER 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 SIXTEENTH DAY OF MAY, A.D. 2016.

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

at corp delaware gov/auth

Authentication: 202325736

Date: 05-16-16

6034111 8300 SR# 20163255767

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