### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

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

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### COVER LETTER.

TO:	Registration Section Division of Corporations					
SUBJ	BJECT: BAPCC, LLC					
	Name of Limited Liability C	ompany				
The er Existe	e enclosed "Application by Foreign Limited Liability Company for Authoriza stence, and check are submitted to register the above referenced foreign limit	ion to Transact Business in Florida," Certificate of ad liability company to transact business in Florida				
Please	ase return all correspondence concerning this matter to the following:					
	Name of Person					
	Firm/Company					
	·					
	Address					
	City/State and Zip Code	1997 - No. Company Control of the Co				
	Christine:m.costamagna@bankofamerica.com  E-mail address: (to be used for future annual	report notification)				
For fu	further information concerning this matter, please call:					
	Name of Contact Person at (	Daytime Telephone Number				
	MAILING 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				
Enclos	Certificate of Status    S125:00 Filing Fee	g Fee & D\$160.00 Filing Fee, Certificate 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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I, BAPCC, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited. Liability Company," "L.L.C." or "LLC.") 2. Massachusetts 3 04-3423072 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 100 Federal Street, Boston, MA 02110 (Street Address of Principal Office) 6, 315 Montgomery Street, 4th fl., San Francisco, CA 94104 (Mailing Address) 7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable) C T Corporation System Name: Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. James M. Halpin C T Corporation System Assistant Secretary (Registered agent's signature) 8. The name; title or capacity and address of the person(s) who has/have authority to manage is/are: Bane of America Public Capital Corp., 315 Montgomery Street, 4th fl., San Francisco, CA 94104 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

**Brad Koster** 



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

September 15, 2016

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

### BAPCC, LLC

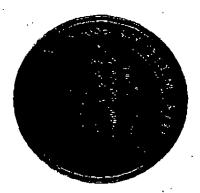
in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 27, 1998.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: BANCBOSTON LEASING SERVICES, INC.

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: BANCBOSTON LEASING SERVICES, INC., CHRISTINE COSTAMAGNA, JASON PRITCHARD

The names of all persons authorized to act with respect to real property listed in the most recent filing are: CHRISTINE COSTAMAGNA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

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