Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I201600C0008 Phone : (850)777-2091

Fax Number : (770)22C-1943

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

Email Address:

Foreign Limited Liability Company BR CARROLL ST. LUCIE, LLC

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K. SALY

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Corporate Filing Menu

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COVER LETTER

		stration Section sion of Corporati	ons							
SUBJEC		BR CARROLL S	T. LUCIE, LLC							
BOMOGC		Name of Limited Liability Company								
			oreign Limited Liability Comp ted to register the above refere							
Please ret	turn	all correspondence	e concerning this matter to the f	following:						
		Sharon K. Gray								
Name of Person										
		Triad Profess	Triad Professional Services							
			Pirm/Company							
	1720 Windward Concourse, Ste. 390									
		Alpharetta, GA 30005								
		City/State and Zip Code ddamman@bluerockmi.com								
			E-mail address: (to be used	for future annual	report noti	fication)				
For furth	er ir	formation concern	ning this matter, please call;							
	Sha	ron K. Gray		770 at (777-209	91				
		Nam	e of Contact Person	Area Code	Day	time 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								
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{125.00} \text{Filing Fee} & \Boxed{130.00} \text{Filing Fee & Certificate of Status} \end{align*}				☐ \$160.00 Filing Fee, Certified Copy	ificate					

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 RESIDENS. IN THE STATE OF FLORIDA:

BR Carroll St. Lucie, L	LC ign Limited Liability Company; mus		"Limited Lial	nility Company," "L.L.C.,"	or "LLC.")	
(It name unavailable, enter al Liability Company," "L.L.C."	temate name adopted for the purpose 'or "LLC.")	e of trans	ecting busines	s in Florida. The alternate n	ame must include "L	imited,
2. Delaware		3.	31-3804548			
(Jurisdiction under the law company is organized)	of which foreign limited liability	_		(FEI number, if applicab	le)	
4. Upon qualification						
	(Date tirst transacted busine (See sections 605.0904 & 605.	ss in Flor .0905, F.	rida, il prior to 3. to determin	registration.) e penalty liability)		
5, 712 Fifth Avenue, 9th	Flr.			<u> </u>	4	
New York, NY 10019						
	(Street Address of I	Principal	Office)	<u>_</u>		70
6. 27777 Franklin Road, S	Suite 900					5
Southfield, MI 48034					72 (1) 110 (1)	2016 OCT
	(Mailing	Address)			70至	1
7. Name and street addres	s of Florida registered agent: (P.	O. Box	NOT accept	lable)	60 cm	
Name:	NRAI Services, Inc.			_	1 15 cm	:H 10:
Office Address:	1200 South Pine Island Road				7	رب
5	Plantation			, Florida <u>33324</u>	. .	100
	(City)			(Zip code)		
designated in this applicate to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered egent.	proper	registered a	ngent and agree to act in e performance of my dut	this capacity. If u	irther agree
8. The name, title or caps Bluerock Real Estate,	acity and address of the person(s L.L.C. (MGR)) who ha	s/have autho	rity to manage is/are:		
27777 Franklin Road, Ste	. 900					
Southfield, MI 48034						
9. Attached is a certificate jurisdiction under the law of the translator must be s		certificat	duly authenti	ign language, a translatio	ng custody of reco	rds in the under oath
This document is executed	Signature of State constitution of State con	.0203 (1)) (b), Florida	Statutes, I am aware that	any false informati	ion
Submitted in a document t	o the Department of State consut Chris Vohs	mca 9 (1)	ng gekiee je	iony as provided for ms.	ότι:199' L '9'	
	Typed or	printed u	ame of signee	<u></u>		

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BR CARROLL ST. LUCIE, 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 FOURTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BR CARROLL ST.

LUCIE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D.

2016.

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

2016 OCT -4 AM IO: 22

6133615 8300

SR# 20166059241

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

Servey W. Bullota, Secretary of Brito

Authentication: 203104548

Date: 10-04-16

(((H160002466193)))