Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

: MECHANIK NUCCIO HEARNE & WESTER, P.A. Account Name

Account Number: 110727003105 : (813)276-1920 Phone

Fax Number

: (813)276-1560

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

### Foreign Limited Liability Company Boardwalk Morris Bridge SPE, LLC

| Certificate of Status |   | 1        |
|-----------------------|---|----------|
| Certified Copy        |   | 1 .      |
| Page Count            |   | 02       |
| Estimated Charge      | 7 | \$160.00 |

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|-------------------|--|---|-------------------------------------|--|--|
| -                 | istration Section<br>ision of Corporation                                    | 1   |                                     |  |  |
| SUBJECT:          | Boardwalk Morris B   | ridge SPB, LLC  |                                     |  |  |
| SODULCI.          |  | Name of   | Limited Liability Co.               | mpany  |  |
|                   |  |   |                                     | on to Transact Business in Florida," Certificate<br>I liability company to transact business in Florid                           |  |
| Please return     | all correspondence co  | oncerning this matter to the                            | following:                          |  |  |
|                   | Alfred A. Colby  |   |                                     |  |  |
|                   | <u></u>  | N   | ame of Person                       |  |  |
|                   | Mechanik Nucci   | o Hearne & Wester, P.A.                                 |                                     |  |  |
|                   | <del></del>  | F   | m/Company                           |  |  |
|                   | 305 South Bould  | syard   |                                     |  |  |
|                   |  |   | Address                             | <del></del>  |  |
|                   | Tampa, Florida   | 33606   | •                                   |  |  |
|                   |  | City/S  | tate and Zip Code                   |  |  |
| •                 | rlemmis@daviesl  | awcorp.com  |                                     |  |  |
|                   |  | E-mail address: (to be use                              | for future annual re                | port notification)   |  |
| For further is    | nformation concerning  | this matter, please call                                |                                     |  |  |
| Sta               | ccy Catherwood   |   | 813 📆.                              | 276-1920   |  |
|                   | Name of  | Contact Person  | Area Code                           | Daytime Telephone Number   |  |
| Div<br>Reg<br>P.O | ision of Corporations<br>istration Section<br>Box 6327<br>lahassee, PL 32314 |   | Γ<br>R<br>C<br>2                    | TREET ADDRESS: Division of Corporations Registration Section Clifton Building 1661 Executive Center Circle Callahassee, FL 32301 |  |
|                   | check for the followi<br>125.00 Filing Fee                                   | ng amount:  \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing<br>Certified Copy | Foo & \$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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED WARRING COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Delaware   | ripal Office)   | 3<br>o registration.)<br>nine panalty liabil | (FEI man                              | iber, if applicable)   |
|--|---|--|---------------------------------------|--|
| (Junediction under the law of which  117 North Fuller Avenue (Speet Address of Prior | (Date first transacted business in Plorids, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to deter-<br>sippl Office) | o registration.)<br>wine panelty liabil      |                                       | iber, if applicable)   |
| (Speat Address of Prior  | ্ৰাচুমা <u>(</u> বিহুত্তে)  |  |                                       |  |
| (Spent Address of Prior  | ্ৰাচুমা <u>(</u> বিহুত্তে)  |  | ity)                                  | <del></del>  |
| (Spent Address of Prior  | ্ৰাচুমা <u>(</u> বিহুত্তে)  |  | ity)                                  |  |
| (Swest Address of Prior  | ripal Office)   | z 50   |                                       |  |
| •  | •   | v. <u> </u>                                  | 00 North Parkway Cala<br>(Mailing Add |  |
|  | 90030   | Ca   | labasas, California 913               | •  |
|  |   |  | <u> </u>                              |  |
|  | <del></del>   |  |                                       | <u> </u>   |
| Name and street address of   | of Florida registered agent: (P.O. Bo   | x NOT acce                                   | eptable)                              |  |
|  | Alfred A. Colby   |  | •                                     | 무리 도   |
| Name:  | Allied A. Colby   |  | <del></del>                           | るる   |
| Office Address: 3  | 05 South Boulevard  |  |                                       | SEA  |
| 4  | r <sub>ampa</sub>   |  | , Florida 33606                       | E. O. 3  |
| <del>-</del>   | (City)  |  | Zip co                                |  |
|  | f my position as registered agent.  | 11/2   | ete perjormance oj my                 | t in this capacity. If further a<br>duties, and I am familiar wi |
| . The name, title or cavaci  | Rogistared agent's  | a Marature)                                  |                                       | duties, and I am familiar w                                      |
| . The name, title or capacit<br>Title or Capacity:                                   | March Ch. Colli   | a stanane)                                   |                                       | duties, and I am familiar wi                                     |
|  | (Registered agent's and address of the person(s) who h  | a stanane)                                   | nority to manage is/are:              | duties, and I am familiar wi                                     |
| Title or Canacity:   | ty and address of the person(s) who h  Name and Address:  Chaim Freeman  117 North Fuller Avenue                              | a stanane)                                   | nority to manage is/are:              | duties, and I am familiar wi                                     |
| Title or Canacity:   | ty and address of the person(s) who h  Name and Address:  Chaim Freeman   | a stanane)                                   | nority to manage is/are:              | duties, and I am familiar wi                                     |
| Title or Canacity:   | ty and address of the person(s) who h  Name and Address:  Chaim Freeman  117 North Fuller Avenue                              | a stanane)                                   | nority to manage is/are:              | duties, and I am familiar wi                                     |
| Title or Canacity:   | ty and address of the person(s) who h  Name and Address:  Chaim Freeman  117 North Fuller Avenue                              | a stanane)                                   | nority to manage is/are:              | duties, and I am familiar wi                                     |
| Title or Canacity:   | ty and address of the person(s) who h  Name and Address:  Chaim Freeman  117 North Fuller Avenue                              | as/have anti-                                | nority to manage is/are:              | duties, and I am familiar wi                                     |

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BOARDWALK MORRIS BRIDGE SPE, 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 FOURTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOARDWALK MORRIS BRIDGE SPE, LLC" WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2017.

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

SECRETARY OF SI

Ç.6

6439398 8300 SR# 20174762239

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

WSQC.

Authentication: 202712156

Date: 06-14-17