M17000005548

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700300880367

SECRETARY OF STAT

17 JUN 29 AM 8: 49

JUN 3 0 2017 Y SULKER CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 705862 7280744

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 29, 2017

ORDER TIME : 3:31 PM

ORDER NO. : 705862-005

CUSTOMER NO: 7280744

FOREIGN FILINGS

NAME: BEL MIRAMAR LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section

TO:

Divisi	ion of Corporation	ns				
SUBJECT:	Bel Miramar LLC	•				
		Name of I	imited Liability (Company		
The enclosed " Existence, and	'Application by For	reign Limited Liability Comp ed to register the above refere	any for Authoriza	ation to Tra ted liability	nsact Business in Florida," Certificate of company to transact business in Florida	
Please return a	il correspondence	concerning this matter to the	following:			
	Jennifer J. Mad	iden				
		Na	ime of Person			
	· c/o Eaton Vano	ce Management				
•	Firm/Company					
	2 International Place					
	Address					
	Boston, MA 0	2110				
		City/St	ate and Zip Code	;		
	JHolland@eator	vance.com			· .	
		E-mail address: (to be used	for future annua	report not	fication)	
For further inf	ormation concernir	ng this matter, please call:				
, Jill F	- Iolland		617 at (672-800	00	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: tion of Corporation stration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ec, FL 32301	
	check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		☐ \$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 LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC	77)
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited I	.iability Company," "L.L.C," or "LLC.")
2 Delaware		3. 26-0505281	
	nich foreign limited liability company is organized)		umber, if applicable)
4. 7/6/17			
	(Date first transacted business in Florida, if prior to rep (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penalty liability)	·
5. c/o Eaton Vance Mana		6. same as No. 5 (Mailing A	ddures
2 International Place, A	•	. (Maning A	(MD CSS)
Boston, MA 02110			
		·	,
7. Name and street address	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	
Name:	Corporation Service Company	·	
Office Address:	1201 Hays Street		CAR CAR
	Tallahassee	, Florida 32301	AS.
	(City)	(Zip o	ode)
Registered agent's accep Having been named as re	gistered agent and to accept service of pr	ocess for the above stated limit	ed liability company at the place [
designated in this applicate to comply with the provise	ition, I hereby accept the appointment as ions of all statutes relative to the proper a	registered agent and agree to a and complete performance of m	ct in this capacity. I fu nter agree ly y duties, and Emil Jamiliar with
	s of my position as registered agent. Corporation Service Company	1	Melissa Zelfder
	By://	1. Tankou	Asst. Vice President
	(Registered agent's sig	() () () () () () () () () ()	
8. The name, title or cape Title or Capacity:	acity and address of the person(s) who has. Name and Address:	have authority to manage is/are <u>Title or Capacity:</u>	
			Name and Address:
			Name and Address: Brian Shuell
Authorized Signatory	Jennifer J. Madden EVM, 2 International Place	Authorized Signatory	Brian Shuell EVM, 2 International Place
	Jennifer J. Madden		Brian Shuell
	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave		Brian Shuell EVM, 2 International Place
Authorized Signator	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110		Brian Shuell EVM, 2 International Place
Authorized Signator	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave EVM, 2 International Place Boston, MA 02110		Brian Shuell EVM, 2 International Place
Authorized Signatory Authorized Signatory (Use attachments if necess	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave EVM, 2 International Place Boston, MA 02110 ssary)	Authorized Signatory	Brian Shueli EVM, 2 International Place Boston, MA 02110
Authorized Signatory Authorized Signatory (Use attachments if necess 9. Attached is a certificate	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave EVM, 2 International Place Boston, MA 02110 ssary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	Authorized Signatory Lipidade Signatory	Brian Shueli EVM, 2 International Place Boston, MA 02110 having custody of records in the
Authorized Signatory Authorized Signatory (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave EVM, 2 International Place Boston, MA 02110 ssary) of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted) cuted in accordance with section 605.0203	Authorized Signatory uly authenticated by the official is in a foreign language, a transl (1) (b), Florida Statutes. I am aw	Brian Shueli EVM, 2 International Place Boston, MA 02110 having custody of records in the lation of the certificate under oath
Authorized Signatory Authorized Signatory (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave EVM, 2 International Place Boston, MA 02110 ssary) of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted)	Authorized Signatory uly authenticated by the official is in a foreign language, a transl (1) (b), Florida Statutes. I am aw	Brian Shueli EVM, 2 International Place Boston, MA 02110 having custody of records in the lation of the certificate under oath
Authorized Signatory Authorized Signatory (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave EVM, 2 International Place Boston, MA 02110 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate submitted) suited in accordance with section 605.0203 of the Department of State constitutes a thir	Authorized Signatory uly authenticated by the official is in a foreign language, a transl (1) (b), Florida Statutes. I am aw d degree felony as provided for its second control of the second contro	Brian Shueli EVM, 2 International Place Boston, MA 02110 having custody of records in the lation of the certificate under oath
Authorized Signatory Authorized Signatory (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	Jennifer J. Madden EVM, 2 International Place Boston, MA 02110 Gary LeFave EVM, 2 International Place Boston, MA 02110 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate submitted) suited in accordance with section 605.0203 of the Department of State constitutes a thir	Authorized Signatory uly authenticated by the official is in a foreign language, a transl (1) (b), Florida Statutes. I am aw	Brian Shueli EVM, 2 International Place Boston, MA 02110 having custody of records in the lation of the certificate under oath

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BEL MIRAMAR 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 TWENTY-NINTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEL MIRAMAR LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2017.

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

Authentication: 202806656

Date: 06-29-17

6422931 8300 SR# 20175023954