## M17000007207

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200296567072



2017 AUG 22 PM 5: 02

D. SCOTT AUG 2 3 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 779415 7280744

AUTHORIZATION :

COST LIMIT : \$/125.00

ORDER DATE : August 22, 2017

ORDER TIME : 3:27 PM

ORDER NO. : 779415-005

CUSTOMER NO: 7280744

## FOREIGN FILINGS

NAME: BEL SANCTUARY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## COVER LETTER

TO: Registration Section

	Name of	Limited Liability	Company			
e enclosed "Application by Fore stence, and check are submitted	eign Limited Liability Com I to register the above refer	pany for Authoriz enced foreign lim	ation to Trar ited liability	sact Business in Flo company to transac	orida," Certifi t business in I	cate Florid
ase return all correspondence co	oncerning this matter to the	following:				
Jennifer J. Mado	len					
<del></del>	N	ame of Person		1	<del></del>	
c/o Eaton Vance	Management		•			
	F	irm/Company				
2 International P	lace	_	ξ.	•		
		Address				
Boston, MA 02	110					
	City/S	tate and Zip Code			<del></del>	
JHolland@eatonv	алсе.com			•		
<del></del>	E-mail address: (to be use	d for future annua	report notif	ication)		
further information concerning	this matter, please call:				_ · _	ŀ
Jill Holland		617 at (	672-8000			ري د
Name of	Contact Person	Area Code	Dayti	me Telephone Num	ber	22
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registratio Clifton Bui	lding itive Center Circle		
losed is a check for the followin \$125.00 Filing Fee	ng amount:  \$\sum \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin		□ \$160.00 Filing F of Status & Certifie		c

## 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:

Bel Sanctuary LLC.

Bel Sanctuary LLC		LORIDA:			
JC1 (Janeteen)	imited Liability Company; mu	st melude "Limited Liabil	hty Company," "L.L.C.,	" or "LLC.")	
	me adopted for the purpose of trans-	acting business in Florida. The	alternate name must includ	e "Limited Liability Co	empany," "L.L.C," or "LLC.")
ame uravailable, enter alternate na	ne adopted for the purpose of trans-	acting outsidess are comme	26-0159042	•	
Delaware		is organized)	3. 20-0135012	(FEI number, if ag	oplicable)
(Jurisdiction under the law of wh	ch foreign timited hability company	ر (د			
August 29, 2017					-
August 27, 2017	(Date first transacted business (See sections 605 0904 & 605	in Florida, if prior to registrate 5 0905, F.S. to determine pena	non) ilty liability)		
,			6. same as #5	_	
c/o Eaton Vance Mana	gement	<del></del> `	v	(Mailing Address)	
2 International Place	(and the control of t				
		<del></del> .			
Boston, MA 02110		<del></del>			
		40 0 D NO	T neceptable)		22
Name and street addres	ss of Florida registered a	gent: (P.O. Box <u>NO</u>	1 acceptable)		
	Corporation Service C		<del></del> _		
Name:					-
Office Address:	1204 Hays Street		<del></del>		- F
•	Tallahassee .		, Florida	32301	:F
	Tananassec	(City)	,	(Zip code)	
	Corporation Service By:	(Registered agent's signs	- Tour		
			iture)	Ass	t. Vice President
,					t. Vice President
8 The name, title or ca	pacity and address of the	: person(s) who has/h	ave authority to ma	nage is/are:	
8. The name, title or ca Title or Capacity:	pacity and address of the Name and	: person(s) who has/h	ave authority to ma	nage is/are: <u>V:</u>	Name and Address:
Title or Capacity:	ry Jennifer J. M	: person(s) who has/h Address: Iadden	ave authority to ma	nage is/are: <u>V:</u>	Name and Address: Gary LeFave
8. The name, title or ca <u>Title or Capacity:</u> Authorized Signato	ry Jennifer J. M	e person(s) who has/h Address: Madden	ave authority to ma	nage is/are: <u>V:</u>	Name and Address:  Gary LeFave  c/o Faton Vance Manager
Title or Capacity:	ry Jennifer J. M	: person(s) who has/h Address:	ave authority to ma	nage is/are: <u>V:</u>	Name and Address: Gary LeFave
Title or Capacity: Authorized Signato	ry Jennifer J. M c/o Eaton V 2 Internation	e person(s) who has/h Address: Madden ance Management mal Pl, Boston, MA	ave authority to ma	nage is/are: <u>V:</u>	Name and Address:  Gary LeFave  c/o Faton Vance Manager
Title or Capacity:	Jennifer J. M  c/o Eaton V  2 Internation  Brian Shuel	e person(s) who has/h Address: Madden ance Management hal PI, Boston, MA	ave authority to ma	nage is/are: <u>V:</u>	Name and Address:  Gary LeFave  c/o Faton Vance Manager
Title or Capacity: Authorized Signato	Jennifer J. M  c/o Eaton V  2 Internation  Brian Shuel  c/o Faton V	e person(s) who has/h Address: Madden ance Management hal Pl, Boston, MA	ave authority to ma	nage is/are: <u>V:</u>	Name and Address:  Gary LeFave  c/o Faton Vance Manager
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Authorized Signato  Authorized Signato  (Use attachments if nec	Jennifer J. M.  c/o Eaton V. 2 Internation  Brian Shuel  c/o Eaton V. 2 Internation  c/o Eaton V. 2 Internation  cessary)	e person(s) who has/h Address: Madden ance Management hal Pl, Boston, MA l Mance Management nal Pl, Boston, MA	ave authority to ma Title or Capacit Authorized Sign	nage is/are:  Y: natory	Name and Address:  Gary LeFave  c/o Eaton Vance Manager  2 International Pt. Boston
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Authorized Signato  Authorized Signato  Authorized Signato  (Use attachments if necessary)  9. Attached is a certification under the late of the translator must be	Jennifer J. M  c/o Eaton V. 2 Internation  ory  Brian Shuel  c/o Eaton V. 2 Internation  cessary)  ate of existence, no more two of which it is organized assubmitted)	person(s) who has/h Address: Madden ance Management hal Pl, Boston, MA  I Mance Management hal Pl, Boston, MA  than 90 days old, dued. (If the certificate in	Authorized Sign Authorized Sign  ily authenticated by is in a foreign langu	nage is/are:  Y: natory  the official havinge, a translation	Name and Address:  Gary LeFave  c/o Eaton Vance Manager 2 International Pl. Boston  ing custody of records in the of the certificate under of that any false information
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BEL SANCTUARY LLC" IS DULY FORMED

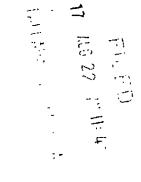
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2017.

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

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





Authentication: 203098974

Date: 08-22-17

6489651 8300 SR# 20175832066