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17 SEP 21 BH 1. TO

SEP 2 2 2017 Y CULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 829827 7495878

AUTHORIZATION : THE BELLEN

COST LIMIT : \$\frac{1}{2}5\frac{1}{2}5\frac{1}{2}00

ORDER DATE: September 21, 2017

ORDER TIME : 12:43 PM

ORDER NO. : 829827-005

CUSTOMER NO: 7495878

FOREIGN FILINGS

NAME: BR METROWEST, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Lightlity Co	many ""L.L.C." or "LLC.")
² Delaware	and adopted to the purpose of the state of t		
(Jurasdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if ap	plicable
4	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration.)	•
5 c/o Bluerock Real Esta			
(Street Address of Principal Office)		6. c/o Bluerock Real Estate, L.L.C. (Mailing Address)	- 5
712 Fifth Avenue, 9th Floor		27777 Franklin Rd, Suite 900	<u> </u>
New York, NY 1009	· · · · · · · · · · · · · · · · · · ·	Southfield, MI 48034	<u> </u>
			□ 3
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company		AH 8: 45
Office Address:	1201 Hays Street		Ş. v
	Tallahassee	. Florida 32301 (Z.p. code)	
Registered agent's accep	(City)	(Zip code)	-
	Corporation Service Company L. (Registered agent's si	Yanue Uuuu	Roxanne Turner - Asst. Vice Presiden
8 The name title or can	acity and address of the person(s) who has	s/have authority to manage is/are:	
Title or Capacity:	Name and Address:		me and Address:
Authorized Person	Christopher Vohs		
	27777 Franklin Rd. STE 900 Southfield, MI 48034		
(Use attachments if neces	ssary)		
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	duly authenticated by the official having is in a foreign language, a translation of	custody of records in the fifthe certificate under oath
	cuted in accordance with section 605,0203	(1) (b), Florida Statutes, I am aware that rd degree felony as provided for in s.817	
submitted in a document t	C C C C C C C C C C C C C C C C C C C		
submitted in a document t	<u>C</u> ~		_
submitted in a document t	<u>C</u> ~	of an authorized person	-
submitted in a document t	<u>C</u> ~	of an authorized person	-



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

DELAWARE, DO HEREBY CERTIFY "BR METROWEST, LLC" IS DULY FORMED

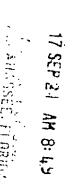
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

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

OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BR METROWEST, LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2017.

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





6511781 8300 SR# 20176270538 Authentication: 203266323

Date: 09-21-17