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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 827765 7579516

AUTHORIZATION : CAR LO LINGO

COST LIMIT : \$ 125.00

ORDER DATE: September 20, 2017

ORDER TIME : 3:28 PM

ORDER NO. : 827765-005

CUSTOMER NO: 7579516

FOREIGN FILINGS

NAME: BRG CITRUS TOWER MANAGER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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:

1. BRG Citrus Tower Ma	nager, LLC Limited Liability Company; must include	de "Limited Liability (Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting bus	tiness in Florida. The alte	mate name must include "Limited Lia	bility Company." "L.L.C	." or "LLC.")	
2. Delaware	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,. ,		
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
4.	(Date first transported business in Flunds	of poor to protection				
	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S					
5. c/o Bluerock Real Esta		6. <u>-</u>	SAME AS PRINCIPAL O			
(Street Address of to 712 Fifth Avenue, 9th	•		(Mailing Add	iress)		
New York, NY 10019						
				;.	·	
7. Name and street address	ss of Florida registered agent: (F	P.O. Box <u>NOT</u> ac	ceptable)	1. S.	ריין הט הט	
Name:	Corporation Service Company	,				
Office Address:	1201 Hays Street				AH &	
	Tallahassee (City)		, Florida 32301 (Zip cox	. Lokio	⊕ £	
	ions of all statutes relative to the s of my position as registered as Corporation Service Compa By:	gent. Ny M.	Fruits	Melissa 2	Zender	
	(Registe	red agent's signature)		Asst. Vice I	resident	
8. The name, title or capa Title or Capacity:	acity and address of the person(s Name and Address:		thority to manage is/are:	Name and Ac	ldress:	
Authorized Person	Christoper Vohs	-				
	27777 Franklin Rd, S Southfield, M1 48034					
(Use attachments if neces	sary)			-		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 d of which it is organized. (If the oubmitted)	ays old, duly auth certificate is in a f	enticated by the official h oreign language, a transla	aving custody of tion of the certific	records in the cate under oath	
10. This document is exec submitted in a document to	o the Department of State constit	605.0203 (1) (b), utes a third degre	Florida Statutes. I am awa c felony as provided for in	re that any false in s.817.155, F.S.	nformation	
		Signature of an authori	zed person			
		Christopher Vol		·		
		Typed or printed name	c of signer			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BRG CITRUS TOWER MANAGER, LLC" IS DULY

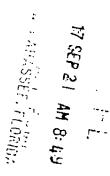
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

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 "BRG CITRUS TOWER MANAGER, LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2017.

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





Authentication: 203265644

Date: 09-21-17

6548789 8300 SR# 20176268474