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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 845879 437469

AUTHORIZATION: Symmetry

COST LIMIT : \$ 125.00

ORDER DATE: October 3, 2017,

ORDER TIME : 3:48 PM

ORDER NO. : 845879-020

CUSTOMER NO: 4374695

#### FOREIGN FILINGS

NAME: BROOKWOOD SFL CO-INVESTMENT,

LLC

XXXX QUALIFICATION (TYPE: LL)

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:

#### COVER LETTER

	tration Section ion of Corporation	DOS	·			
SUBJECT:	Brookwood SFL C	Co-Investment, LLC	•			
	·	Name of	Limited Liability	Company		
The enclosed 'Existence, and	Application by Fo	oreign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ransact Business in Florida," C ty company to transact busines	Certificate of ss in Florida.
Please return a	ll correspondence	concerning this matter to the	following:			
	Nicole Reeves	3	<u>.</u>			
		N	ame of Person			
	Brookwood F	inancial Partners, LLC				
		F	irm/Company			
	138 Conant St	reet				
	<u></u>		Address			
	Beverly, MA	01915				
		City/S	tate and Zip Code	<del></del>	,	
	nreeves@brook	woodfinancial.com	1			
		E-mail address: (to be use	d for future annua	l report no	tification)	
For further info	rmation concerni	ng this matter, please call:	i			
Nicol	c Reeves		978 (	720-75 )	11	
	Name	of Contact Person	Arca Code	Day	time Telephone Number	
Divisi Regist P.O. F	JNG ADDRESS on of Corporation ration Section Box 6327 assec, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building coutive Center Circle see, FL 32301	
	neck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate

### 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, onter alternate is	ame adopted for the purpose of transacting business in Flor	ich. The alternate name must include "Limited Liability Co	ompany," "L.L.C," or "LLC	l.")
2. Delaware		3 82-2518847		
	high foreign limited liability company is organized)	(FEI number, if ag	pheable)	
4				
4	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0903, F.S. to determine	egistration)	-	
5. 138 Conant Street	(see totalois out.) Post at 005 Price; Fig. at detection	• •		
(Street Address of P	nacipal Office)	6. 138 Conant Street (Mailing Address)	- <del></del>	
Beverly, MA 01915		Beverly, MA 01915		
			, F. (20)	
				e: ,
I. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	007	* ,
		1	ا و ا	ç
Name:	Corporation Service Company		. ω ,	¥
Office Address:	1201 Hays Street			:
	Tallahassee	., 32301	ု ငှ	
	(City)	, Florida 32301 (Zin code)	- i	
legistered agent's accept	tance: gistered agent and to accept service of p	1	-	
nd accept the obligations	of my position as registered agent.  Corporation Service Company	and complete performance of my duties		
nd accept the obligations	of my position as registered agent.	vanue Dienee	- Roxann	e Turn
nd accept the obligations	Corporation as registered agent Corporation Service Company By:  (Registered spent's s	Vanue Dienes		e Turn
ind accept the obligations	of my position as registered agent Corporation Service Company By:	Statule Dunel  grature)  whave authority to manage is/are:	- Roxann	e Turn
8. The name, title or capa Title or Capacity:	Corporation as registered agent Corporation Service Company By:  (Registered agent's s city and address of the person(s) who has Name and Address:	whave authority to manage is/are:  Title or Capacity:  Na	- Roxann Asst. Vice	e Turn
and accept the obligations  3. The name, title or capa	Corporation as registered agent. Corporation Service Company By:  (Registered agent's s	whave authority to manage is/are:  Title or Capacity:  Na	- Roxann Asst. Vice	e Turn
3. The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address:	whave authority to manage is/are:  Title or Capacity:  Na	- Roxann Asst. Vice	e Turn
3. The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address:    Composition as registered agent   Company   Composition   Company   Composition   Company   Composition   Company   Composition   Company   Com	whave authority to manage is/are:  Title or Capacity:  Na	- Roxann Asst. Vice	e Turn
8. The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address:    Composition as registered agent   Company   Composition   Company   Composition   Company   Composition   Company   Composition   Company   Com	whave authority to manage is/are:  Title or Capacity:  Na	- Roxann Asst. Vice	e Turn
8. The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address:    Composition as registered agent   Company   Composition   Company   Composition   Company   Composition   Company   Composition   Company   Com	whave authority to manage is/are:  Title or Capacity:  Na	- Roxann Asst. Vice	e Turn
8. The name, title or capa Title or Capacity: Manager	city and address of the person(s) who has  Name and Address:    Company   Co	whave authority to manage is/are:  Title or Capacity:  Na	- Roxann Asst. Vice	e Turn
8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess	city and address of the person(s) who has Name and Address:  Extoluoid 1.S. Real 138 Conant Street Beverly, MA 01915	Vhave authority to manage is/are:  Title or Capacity:  ESTAIR Fund GPII, LC	Roxann Asst. Vice mc and Address:	e Turn Presid
8. The name, title or capa Title or Capacity:  Manager  Use attachments if necess	city and address of the person(s) who has Name and Address:    Composition Service Company   (Registered agent's s)	whave authority to manage is/are:  Title or Capacity:  ESTAIR Fund GPIT, LC	Roxann Asst. Vice me and Address:	e Turn Presid
8. The name, title or capa Title or Capacity: Manager  Use attachments if necess  Attached is a certificate arisdiction under the law of	city and address of the person(s) who has Name and Address:    Comparison Service Company   (Registered agent's s)	whave authority to manage is/are:  Title or Capacity:  ESTAIR Fund GPIT, LC	Roxann Asst. Vice me and Address:	e Turn Presid
8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess  ). Attached is a certificate surisdiction under the law of the translator must be sur	city and address of the person(s) who has Name and Address:    Comparison Service Company   (Registered agent's s)	whave authority to manage is/are:  Title or Capacity:  Na  ESTAIR Fund GPII, UC  ully authenticated by the official having of is in a foreign language, a translation of	Roxann Asst. Vice me and Address: custody of records i	e Turn President on the
8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess  ). Attached is a certificate curisdiction under the law of the translator must be su  (). This document is execution.	city and address of the person(s) who has Name and Address:    Comparison Service Company   (Registered agent's series and address of the person(s) who has Name and Address:   Comparison Service Series   Comparison Service Series   Comparison Service Series   Comparison Series   Compar	whave authority to manage is/are:  Title or Capacity:  Na  EState Fund GPII, UC  uly authenticated by the official having of is in a foreign language, a translation of (1) (b), Florida Statutes. I am aware that	Asst. Vice me and Address: custody of records if the certificate under	e Turn President on the
8. The name, title or capa Title or Capacity:  Manager  (Use attachments if necess or Attached is a certificate curisdiction under the law of the translator must be sure.)  O. This document is executed.	city and address of the person(s) who has Name and Address:    Comparison Service Company   (Registered agent's s)	whave authority to manage is/are:  Title or Capacity:  Na  EState Fund GPII, UC  uly authenticated by the official having of is in a foreign language, a translation of (1) (b), Florida Statutes. I am aware that	Asst. Vice me and Address: custody of records if the certificate under	e Turn President on the
8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess  ). Attached is a certificate urisdiction under the law of the translator must be su  (0. This document is executions.)	city and address of the person(s) who has Name and Address:  Lindhard Screet  Beverly, MA 01915  arry)  of existence, no more than 90 days old, dof which it is organized. (If the certificate ibmitted)  attendance with section 605.0203 the Department of State constitutes a thin	whave authority to manage is/are:  Title or Capacity:  Na  ESTAIR Fund GPIT, UC  uly authenticated by the official having of is in a foreign language, a translation of (1) (b) iFlorida Statutes. I am aware that d degree felony as provided for in s.817.	Asst. Vice me and Address: custody of records if the certificate under	e Turn President on the
8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess  ). Attached is a certificate curisdiction under the law of the translator must be su  (). This document is execution.	city and address of the person(s) who has Name and Address:  Lindhard Screet  Beverly, MA 01915  arry)  of existence, no more than 90 days old, dof which it is organized. (If the certificate ibmitted)  attendance with section 605.0203 the Department of State constitutes a thin	whave authority to manage is/are:  Title or Capacity:  Na  EState Fund GPII, UC  uly authenticated by the official having of is in a foreign language, a translation of (1) (b), Florida Statutes. I am aware that	Asst. Vice me and Address: custody of records if the certificate under	e Turn President on the

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BROOKWOOD SFL CO-INVESTMENT, 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 ELEVENTH DAY OF JULY, A.D. 2017.

6470793 83**0**0 SR# 20175125258

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

ANIMY TY DUTTED BESTELLY OF STATE .

Authentication: 202861524

Date: 07-11-17