

M17000009384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

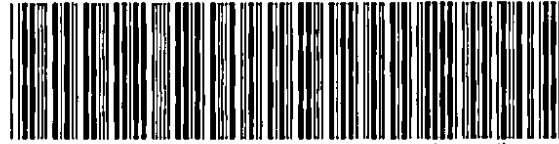
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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D SCOTT
NOV 6 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 893819 7328399
AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

ORDER DATE : November 1, 2017
ORDER TIME : 3:20 PM
ORDER NO. : 893819-010
CUSTOMER NO: 7328399

FOREIGN FILINGS

NAME: BOF FL FOUNTAIN SQUARE 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: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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2017 NOV - 3 A 11:40
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOF FL Fountain Square LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marcus Sherman
Name of Person
Bridge Investment Group LLC
Firm/Company
111 E. Sege Lily Drive, Suite 400
Address
Sandy, UT 84070
City/State and Zip Code
m.sherman@bridgeig.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Findlay at (801) 506-1161
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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. BOF FL Fountain Square LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

4. _____ (Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 E. Sego Lily Drive, Suite 400 (Street Address of Principal Office)
Sandy, UT 84070

6. 111 E. Sego Lily Drive, Suite 400 (Mailing Address)
Sandy, UT 84070

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Roxanne Turner (Registered agent's signature) Roxanne Turner
 Corporation Service Company Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>
<u>Manager</u>	<u>Jonathan P. Slager</u> <u>111 E. Sego Lily Drive, Suite</u> <u>Sandy, UT 84070</u>	_____
_____	_____	_____
_____	_____	_____

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 TALLAHASSEE, FLORIDA

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jonathan P. Slager
Signature of an authorized person

Jonathan P. Slager
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOF FL FOUNTAIN SQUARE 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 SECOND DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOF FL FOUNTAIN SQUARE LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2017.

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

2017 NOV -3 A 11:40
TALLAHASSEE, FLORIDA

FILED



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6600685 8300

SR# 20176914062

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

Authentication: 203507903

Date: 11-02-17