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Division of Corporations

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Account Number : 076064003722 Phone : (898)491-1120 Fax Number : (954)343-6962

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Email Address: Ellen.Gilmore gmlaw.com

Foreign Limited Liability Company BPDM OWNER 2018-1 LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

, BPDM OWNER 2018-	LLC		
1. (Name of Fore	ign Limited Liability Company; must include "Limi	red Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter al	ternate name adopted for the purpose of transacting	business in Florida. The alternate name	must include "Limited
Liability Company," "L.I.,C,"	3. 82-413	5500	
2. DELAWARE	of which foreign limited liability	(FEI number, if applicable)	
company is organized)	of which foreign minico habitity	rational market and business.	
4	(Date first transacted business in Florida, if	um ac ta manatentian i	
	(See sections 605.0904 & 605.0905, F.S. to de	prior to registration) etermine penalty liability)	
S. 11707 CENTRAL PK	WY - STE. 200		<u>س</u> ے ریسے
	22224		≥ ± ∞
JACKSONVILLE, FL	(Street Address of Principal Office		
P.O. Box 19201		,	Z
6			25
Jacksonville, FL 32245			100
	(Mailing Address)		二、 圣
7. Name and street addres	s of Florica registered agent: (P.O. Box NOT	acceptable)	`⊇;∵ ∞
Name:	GREENSPOON MARDER LLP		<u>ම</u> ීස් ය
	200 E. BROWARD BLVD., SUITE 1800		<i>"</i> ~4
Office Address:		22201	
	FT. LAUDERDALE	Florida 33301 (Zip code)	
Registered agent's accep		(Xtb code)	
designated in this applica to complywith the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and co my position av registered agent. (Registered gent's sig	tered agent and agree to act in this	capacity. I further agree
8. The name, title or cap	acity and address of the person(s) who has/have		
	ager, 11737 CENTRAL PKWY - STE, 200, JA		
	ger. 11737 CENTRAL PKWY - STE. 200, JAC	······································	
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly an of which it is organized. (If the certificate is in admitted) Signature of an autorize	a foreig: language, a translation of	asstudy of records in the the certificate under oath
	Signature of an Assorize	ed person	
This document is executed submitted in a document to	d in accordance with section 605,0203 (1) (b), F o the Department of State constitutes a third deg	lorida Statutes. I am aware that any	false information 155, F.S.

ELLEN GILMORE, authorized representative

Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BPDM OWNER 2018-1 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-FIFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BPDM OWNER 2018-1 LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2018.

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

6715180 8300 SR# 20180495763

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

Authentication: 202035309

Date: 01-25-18