# MBOOHS62

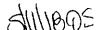
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#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT:	BR Live Oak, LLC					
SOBSECT.		Name of	Limited Liability	Company		-
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence c	concerning this matter to the	following:			
	Audra I. Parker					
		N	ame of Person	, ,		-
	Martin Bagwel	Luke, P.C.				
		Fi	rm/Company			-
	400 Northridge	Road, Suite 1225			· .	
			Address		·	-
	Atlanta, GA 30	350				· · · · · · · · · · · · · · · · · · ·
		City/S	tate and Zip Code	•		
	jwwilcox@arsve					•
		E-mail address: (to be used	I for future annua	report not	ification)	- :
For further in	nformation concerning	g this matter, please call:				•
Au	dra I. Parker		404 a1 (	467-58	72	
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	~
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsiz\$ \$\\$\\$\\$\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cof Status & Certified Co	

## 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	name adopted for the purpose of transacting business in Flori	ids. The alternate name must include "Limited	Lisbility Company,"	"L.L.C," or "LL	כ.ד)
2. Georgia		3	number, if applicable)		-
(Jurisdiction under the law of w	chich foreign limited liability company is organized)	(FELT	immoci, ii appiicaoioj		
4. May 15, 2018					
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	ne penalty liability)			
5. 3715 Northside Parkvi		6. P.O. Box 550549	Address		-
Building 400, Suite 35		Atlanta, GA 30355		•	
Atlanta, GA 30327				•	•
				•	- .,
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)		•	
	Corporation Company of Orlando				ź
Name:		<del></del>		-	)
Office Address:	300 South Orange Avenue, Suite 1600	<del></del>		ı	
	Orlando	, Florida 32801 (Zip			
Registered agent's acce	(City)	(Zip	o code)		
designated in this applicate to comply with the provis	egistered agent and to accept service of p ation, I hereby accept the appointment as sions of all statutes relative to the proper	s registered agent and agree to and complete performance of t	act in this cap	acity. I furt	her ag
designated in this applic to comply with the provis and accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's a	s registered agent and agree to and complete performance of the complete performance o	act in this cape my duties, and	acity. I furt	her ag
designated in this applic to comply with the provis and accept the obligation	egistered agent and to accept service of p ation, I hereby accept the appointment as sions of all statutes relative to the proper	s registered agent and agree to and complete performance of the complete performance o	act in this cape my duties, and	acity. I furt	her ag ar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap	registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's a pacity and address of the person(s) who ha Name and Address:  John W. Wilcox III	s registered agent and agree to and complete performance of the signature) signature) as/have authority to manage is/ar	act in this cape my duties, and  ee: Name al	acity. I furit I am famili nd Address E. Chasc, Jr	her ag ar with
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's a pacity and address of the person(s) who ha Name and Address:	s registered agent and agree to and complete performance of the signature)  as/have authority to manage is/ar  Title or Capacity:	act in this cape my duties, and  ee:    Name all   George   P.O. Bo	acity. I furi I am famili nd Address	her ag ar with
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designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's a pacity and address of the person(s) who ha Name and Address:  John W. Wilcox III  P.O. Box 550549	s registered agent and agree to and complete performance of the signature)  as/have authority to manage is/ar  Title or Capacity:	act in this cape my duties, and  ee:    Name all   George   P.O. Bo	acity. I furit I am famili and Address E. Chase, Jr x 550549	her ag ar with
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designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: Member/ Manager  (Use attachments if necessary acceptification)	registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent)'s a pacity and address of the person(s) who ha Name and Address:  John W. Wilcox III  P.O. Box 550549  Atlanta, GA 30355	s registered agent and agree to and complete performance of registered.  as/have authority to manage is/ar Title or Capacity: Member/Manager	e:  Name a  George P.O. Bo Atlanta,	nd Address E. Chase, Jr x 550549 GA 30355	her ag

Typed or printed name of signee

Control Number: 18053370

## STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# BR Live Oak, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15771926 Date Inc/Auth/Filed: 04/23/2018 Jurisdiction : Georgia Print Date : 05/02/2018

Form Number : 211



Brian P. Kemp Secretary of State