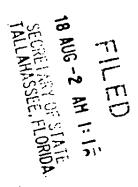
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K. SALY AUG -3 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 329938 4305966

AUTHORIZATION: Smelle Con-

COST LIMIT : \$ 630_00

ORDER DATE : August 1, 2018

ORDER TIME : 3:38 PM

ORDER NO. : 329938-105

CUSTOMER NO: 4305966

FOREIGN FILINGS

NAME: BR PORT ST. LUCIE FL OWNER,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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:

	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LL	C.")
if name unavailable, enter alternate i	name adopted for the purpose of transacting business in	Florida The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
Delaware		3 42-1563209	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE)	number, if applicable)
1			
· .	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.)	
- 3333 Peachtree Road	NE, 10th Floor, MC 3951		IE, 10th Floor, MC 3951
(Street Address of			Address)
Atlanta, GA 30326		Atlanta, GA 30326	
			1
			P 5 P
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
X.	Corporation Service Company	,	₹ %
Name:	corporation service company	<u></u>	Series E
Office Address:	1201 Hays Street		in, cit
	Tallahassee	, Florida 32301	
	(City)	, Florida	p code)
designated in this applicate to comply with the provise	egistered agent and to accept service og ution, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent.	as registered agent and agree to	act in this capacity. I further agmy duties, and I am familiar wit
designated in this applicate comply with the provisional accept the obligation	ition, I hereby accept the appointment ions of all statutes relative to the prop	as registered agent and agree to er and complete performance of the signature)	act in this capacity. I further as my duties, and I am familiar wit Roxanne Turner ———Asst. Vice Preside
designated in this applicate comply with the provisional accept the obligation	ition, I hereby accept the appointment ions of all statutes relative to the propies of my position as registered agent. Corporation Service Company By: (Registered agent)	as registered agent and agree to er and complete performance of the signature)	act in this capacity. I further as my duties, and I am familiar wit Roxanne Turner ———Asst. Vice Preside
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap	tition, I hereby accept the appointment ions of all statutes relative to the propies of my position as registered agent. Corporation Service Company By: (Registered agent acity and address of the person(s) who	t as registered agent and agree to er and complete performance of the signature) has/have authority to manage is/ar Title or Capacity:	act in this capacity. I further agmy duties, and I am familiar wit Roxanne Turner Asst. Vice Preside
designated in this applicate comply with the provisional accept the obligation accept the obligation. 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address: SunTrust Equity Funding, L 3333 Peachtree Road NE	t as registered agent and agree to er and complete performance of the signature) has/have authority to manage is/ar Title or Capacity:	act in this capacity. I further agmy duties, and I am familiar wit Roxanne Turner Asst. Vice Preside
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designated in this applicate of comply with the provisuand accept the obligation. 8. The name, title or capacity: Member (Use attachments if necessor). Attached is a certificate urisdiction under the law of the translator must be so. This document is executed.	acity and address of the person(s) who Name and Address: SunTrust Equity Funding, L 3333 Peachtree Road NE 10th Floor, MC 3951 Atlanta, GA 30326 ssary) e of existence, no more than 90 days old of which it is organized. (If the certific	das registered agent and agree to er and complete performance of the signature) has/have authority to manage is/ar Title or Capacity: LC d, duly authenticated by the official cate is in a foreign language, a transcate is in a foreign language, a transcate is in a foreign Statutes. I am a	act in this capacity. I further agmy duties, and I am familiar with Roxanne Turner Asst. Vice Presidents: Name and Address: I having custody of records in the slation of the certificate under oa ware that any false information
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Allison McLeod, Manager of SunTrust Equity Funding, LLC, its sole Member

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BR PORT ST. LUCIE FL OWNER, 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 AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BR PORT ST.

LUCIE FL OWNER, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D.

2018.

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

18 AUG -2 AM 1: 1 = SECRETARY OF STATE TAIL AHASSEE, FLORIDA



Authentication: 203174520

Date: 08-02-18

6999532 8300 SR# 20185971751