11/8000007/05

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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BAUG-2 AM 9:45

SECRETABLE FLORID

K. SALY AUG - 3 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 329938 4305966

AUTHORIZATION : Smill EX

COST LIMIT : \$ (180,00

ORDER DATE : August 1, 2018

ORDER TIME : 3:0 PM

ORDER NO. : 329938-080

CUSTOMER NO: 4305966

FOREIGN FILINGS

NAME: BR ORLANDO FL 1 OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

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:

BR Orlando FL I Own	er, LLC			
(Name of Foreign	Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.," or "LLC	Ċ.")	
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	lorida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")	
Delaware		3 42-1563209		
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if applicable)	
• —	(Date first transacted business in Flonda, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration)	 	
3333 Peachtree Road N	NE, 10th Floor, MC 3951	6. 3333 Peachtree Road N	E, 10th Floor, MC 3951	
(Street Address of Principal Office)		(Mailing		
Atlanta, GA 30326		Atlanta, GA 30326		
			& _	
Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT accentable)	ALL BECKE	
	Corporation Service Company	<u></u> ueeep)	* * * * * * * * * * * * * * * * * * *	
Name:	Corporation Service Company		SE	
Office Address:	1201 Hays Street		mg =	
	Tallahassee	, Florida <u>32301</u>		
	(City)		(code)	
	By: (Registered agent)	s signature)	Asst. Vice President	
The name, title or capa Title or Capacity:	acity and address of the person(s) who hame and Address:	nas/have authority to manage is/are Title or Capacity:	e: Name and Address:	
Member	SunTrust Equity Funding, LI	LC		
	3333 Peachtree Road NE			
	10th Floor, MC 3951	_		
	Atlanta, GA 30326			
	-			
				
Use attachments if necess	sarv)			
	of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)			
	uted in accordance with section 605.020 the Department of State constitutes a tl			
	Signatur	re of an authorized person		
	Allison McLeod, Manager of SunTrus	st Equity Funding, LLC, its sole M	1ember	

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 ORLANDO FL 1 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 ORLANDO FL 1 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 9: 1/2
SECRETARY OF STATE
SECRETARY OF STATE



Authentication: 203174489

Date: 08-02-18

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