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18 AUG - 2 PH # 12

FILED 18 AUG -2 AM 2: 20 SECRETARY OF STATE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	:	12000000195
REFERENCE	:	329938 4305966
AUTHORIZATION	:	Spellenan
COST LIMIT	:	\$ 130.00

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- ORDER DATE : August 1, 2018
- ORDER TIME : 2:58 PM
- ORDER NO. : 329938-060
- CUSTOMER NO: 4305966

FOREIGN FILINGS

NAME: BR CRYSTAL RIVER FL OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPYXXCERTIFICATE 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:

1. BR Crystal River FL Owner, LLC

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lf name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Company," "	"L L.C." or "I
Delaware		3. 42-1563209	
(Jurisdiction under the law of w	huch foreign limited liability company is organized)	(FE! number, if applicable)	
·	(Date first transacted business in Florida, if prior to	registration.)	
	(See sections 605.0904 & 605.0905, F.S. to determi		
. 3333 Peachtree Road I (Street Address of I	NE, 10th Floor, MC 3951	6. 3333 Peachtree Road NE, 10th Floor, N	4C 3951
Atlanta, GA 30326	Principal Office)	(Miniting Address) Atlanta, GA 30326	
Allana, GA 50520		Atlanta, GA 30320	<u> </u>
		الب	0 6
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	C 2
	Corporation Service Company		
N 1	CONDORATION SERVICE COMDANY		and the second s
Name:			
Name: Office Address:	1201 Hays Street		SSLE.
		, Florida <u>32301</u>	SSLE FL
Office Address:	1201 Hays Street Tallahassee (City)	, Florida <u>32301</u> (Zip code)	SSEE, FLOR
Office Address: Registered agent's accep	1201 Hays Street Tallahassee (City)	(Zip code)	SSEE, FLORID
Office Address: Registered agent's accep Javing been named as re	1201 Hays Street Tallahassee (City) Mance: gistered agent and to accept service of p	(Zip code) process for the above stated limited liability con	
Office Address: Registered agent's accep Having been named as re lesignated in this applica	1201 Hays Street Tallahassee (City) stance: rgistered agent and to accept service of p tion, I hereby accept the appointment a	(Zip code) process for the above stated limited liability con s registered agent and agree to act in this capa	city. I fu
Office Address: Registered agent's accep Having been named as re lesignated in this applica o comply with the provisi	1201 Hays Street Tallahassee (City) stance: cgistered agent and to accept service of p tion, I hereby accept the appointment a tions of all statutes relative to the proper	(Zip code) process for the above stated limited liability con s registered agent and agree to act in this capu and complete performance of my duties, and l	city. I fu am fami
Office Address: Registered agent's accep laving been named as re lesignated in this applica o comply with the provisi	1201 Hays Street Tallahassee (City) stance: rgistered agent and to accept service of p tion, I hereby accept the appointment a	(Zip code) process for the above stated limited liability con s registered agent and agree to act in this capa and complete performance of my duties, and l Roxanne Turne	city. I fu ' am fami Ə f
Office Address: Registered agent's accep laving been named as re lesignated in this applica o comply with the provisi	1201 Hays Street Tallahassee (Ciry) stance: rgistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent Corporation Service Company By:	(Zip code) process for the above stated limited liability con s registered agent and agree to act in this capa and complete performance of my duties, and h Roxanne Turne Asst. Vice Presic	city. I fu ' am fami Ə f
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Office Address: Registered agent's accept laving been named as re esignated in this application to comply with the provise and accept the obligation.	1201 Hays Street Tallahassee (Ciry) tance: rgistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent Corporation Service Company By: (Registered agent's acity and address of the person(s) who has <u>Name and Address:</u> SunTrust Equity Funding, LL	(Zip code) process for the above stated limited liability con- s registered agent and agree to act in this capa and complete performance of my duties, and I ROXANNE Turne Asst. Vice Presic s/have authority to manage is/are: <u>Title or Capacity:</u> Name and	city. I fu l am fami 9r lent
Office Address: Registered agent's acceptaving been named as re lesignated in this application o comply with the provision accept the obligation.	1201 Hays Street Tallahassee (Ciry) stance: gistered agent and to accept service of p tion, I hereby accept the appointment a tions of all statutes relative to the proper s of my position as registered agent Corporation Service Company By: (Registered agent's acity and address of the person(s) who has <u>Name and Address</u> :	(Zip code) process for the above stated limited liability con- s registered agent and agree to act in this capa and complete performance of my duties, and I ROXANNE Turne Asst. Vice Presic s/have authority to manage is/are: <u>Title or Capacity:</u> Name and	city. I fu l am fami 9r lent

(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.

Signature of an authorized person

Allison McLeod, Manager of SunTrust Equity Funding, LLC, its sole Member

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BR CRYSTAL RIVER 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 CRYSTAL RIVER 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.



Page 1



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SR# 20185971669 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203174483

Date: 08-02-18