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**Florida Department of State
Division of Corporations
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**Foreign Limited Liability Company
Campus Circle Gainesville Owner, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Campus Circle Gainesville Owner, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. 83-1850434
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration; see sections 605.001 & 605.005, F.S. in determining priority liability)

5. 12765 W. Forest Hill Blvd. 6. 12765 W. Forest Hill Blvd.
(Street Address of Principal Office) (Mailing Address)
Suite 1307
Wellington, FL 33414

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BCRA, LLC
Office Address: 1905 N.W Corporate Blvd., Suite 310
Boca Raton, Florida 33431
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Christopher Staller, a Manager

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	Bainbridge Manager, LLC 12765 W. Forest Hill Blvd. Wellington, FL 33414		

(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)

Christopher Staller, Authorized Representative

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMPUS CIRCLE GAINESVILLE 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMPUS CIRCLE GAINESVILLE OWNER, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.

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



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SR# 20186710553

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

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Jeffrey W. Bullock, Secretary of State

Authentication: 203443442

Date: 09-18-18