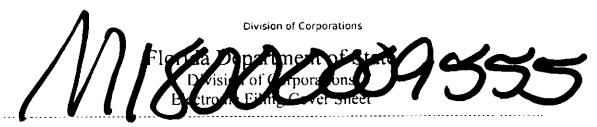
10/23/2018



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То:	Division of Corporations				
	Division of Corporations Fax Number : (850)617-6383				
	tax unmper : (000/01/-000)				
From:					
	Account Name : REGISTERED AGENTS INC.				
	Account Number : 12009000081				

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company TITAN SPE BRWR I LLC

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Help

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

IN COMPILANCE WITH SECTION 605-0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ı. TITAN SPE BRWI	R 1 LLC	"Limited Liability Company," "L.L.C.," or	ar i Am		
(Name of Foreign)	Limited Liability Company; must include	"Limited Liability Company," "L.L.C., or	r"LLC.")		
If name unavailable, enter alterrate is	nne adopted for the purpose of transacting busin	ess in Florida. The alternate name must include "I	imited Liability Company," "L.L.C," or "LLC")		
Delaware		3. <u>61-1903334</u>			
(Jurisdiction under the law of wh	ach toreign limited hability company is organize	i)	(FEI number, it applicable)		
4. <u>N/A</u>		, ,			
	(Date first transacted business in Herida, i (See sections 605 0904 & 605,0905, F.S.)	f prior to registration.) to determine penalty hability)			
5. 3030 N. Rocky Point Dr. (Street Address of Principal Office)		6. 3030 N. Rocky	6. 3030 N. Rocky Point Dr.		
STE 150A	rancipal Critice)	STE 150A			
Tampa, FL 33607		Tampa, FL 336	607		
7. Name and street addres	s of Florida registered agent; (P.0	O. Box <u>NOT</u> acceptable)			
Name:	Registered Agents Inc.				
Office Address:					
	Tampa		607		
Registered agent's accep	(Сиу)		(Zip code)		
	s of my position as registered age		e of my duties, and I am familiar with		
	(Kegislere	d agent's signature)			
8. The name, title or caps Title or Capacity:	acity and address of the person(s) Name and Address:	who has/have authority to manage Title or Capacity:	is/are: Name and Address:		
Member	Charles Ozan				
	3431 N. MacAnnur Brvd				
	Oktahoma City, OK 73112				
			-		
(Heaptheapth if page	earn)				
(Use attachments if neces					
 Attached is a certificate jurisdiction under the law of the translator must be s 	of which it is organized, (If the co	ys old, duly authenticated by the of rtificate is in a foreign language, a	Dicial having custody of records in the translation of the certificate under oath		
10. This document is exec submitted in a document to	uted in accordance with section 66 to the Department of State constitu	05.0203 (1) (b), Florida Statutes. I les <u>a third</u> degree felony as provide	am aware that any false information of for in s.817.155, F.S.		
		Signifure of an authorized person			
	Dilov Park				
	Riley Park	Target as monted name of signer			

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TITAN SPE BRWR 1 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 EIGHTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TITAN SPE BRWR 1 LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203565122

Date: 10-08-18