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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		Name of	Limited Liability (Company			
		eign Limited Liability Comp d to register the above refer					
Please retur	n all correspondence c	oncerning this matter to the	following:				
	Matthew E. Ber	nak					
	 	N'	ame of Person				
	Crest Residentia	al					
	 	Fi	rm/Company				
	500 Office Park Drive, Suite 215						
			Address				
	Birmingham, A	L 35223					
		City/S	tate and Zip Code				
	matt@crestres.co						
		E-mail address: (to be use	d for future annual	report not	ification)		
For further i	information concerning	g this matter, please call:					
Matthew E. Benak			205 566-2384 at ()				
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Di Re P.C	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	a check for the followi \$125,00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160,00 Filing Fee, Co of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limite	ed Liability Company," "L.L.C.," or "LLC ")					
If name unavailable, enter ulternate n	ame adopted for the purpose of transacting business in Flo	onda. The alternate name must include "Limited Liabilit	Company," "L.L.C," or "LLC.")				
Alabama		3 83-2032658	, ,				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number,	(FEI number, if applicable)				
4	(Data Sent temperated becomes in Florida afarras to						
	(Date first transacted husiness in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ						
5. 500 Office Park Drive (Street Address of I		6. 500 Office Park Drive					
Suite 215	rincipal Office)	(Mailing Address) Suite 215 Birmingham, AL 35223					
Birmingham, AL 3522	3						
7. Name and street address	ss of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)	ARION OF CO.				
Name:	Paracorp Incorporated		S #1				
Office Address:	155 Office Plaza Drive, 1st Floor						
	Tallahassee	. Florida <u>32301</u>	PH 6:				
	(City)	(Zip code)	_ ი 🎏				
	See attached consent (Registered agent's	-immunia V	_				
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address:		Name and Address:				
	See attached						
		-	 				
		-					
		- -					
Use attachments if neces							
	sary)						
	of existence, no more than 90 days old, of which it is organized. (If the certificat						
risdiction under the law the translator must be so This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted) uted in accordance with section 605.020, the Department of State constitutes a th	te is in a foreign language, a translation 3 (1) (b), Florida Statutes. I am aware t	n of the certificate under oath hat any false information				
risdiction under the law the translator must be so This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted) uted in accordance with section 605.020, the Department of State constitutes a th	te is in a foreign language, a translation 3 (1) (b), Florida Statutes. I am aware t	n of the certificate under oath hat any false information				
risdiction under the law the translator must be so This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted) uted in accordance with section 605.020, or the Department of State constitutes a the constitutes.)	te is in a foreign language, a translation 3 (1) (b), Florida Statutes. I am aware to ird degree felony as provided for in s.8	n of the certificate under oath				

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/1/2018

ENTITY NAME: BRISA RESIDENCES, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

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

Matthew E. Benak

Manager of Crest Brisa, LLC who is Manager of Brisa Residences, LLC

500 Office Park Drive, Suite 215

Birmingham, AL 35223

David A. O'Brien

Manager of Crest Brisa, LLC who is Manager of Brisa Residences, LLC

500 Office Park Drive, Suite 215

Birmingham, AL 35223

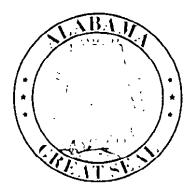
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John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Brisa Residences, LLC was formed in Jefferson County, Alabama on October 2, 2018. The Alabama Entity Identification number for this entity is 531-228. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/08/2018

Date

X 2. Merill

John H. Merrill

Secretary of State