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## FLORIDA LIMITED LIABILITY CO. BOF FL Sawgrass Tech Park LLC

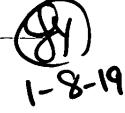
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

| 1. BOF FL Sawgrass Tecl   | h Park LLC<br>Limited Liability Company; must include "Limited  | Liability Con                       | npany," "L. L. C.," or "LL.C.")      |                        |            |        |
|---|---|-------------------------------------|--------------------------------------|------------------------|------------|--------|
| (If name unavailable, enter alternate n.  | ame adopted for the purpose of transacting business in Flori  | da The alternate                    | name must include "Limited Liab      | othry Company," "L.L.C | or "LLC.   | .")    |
| 2 Delaware  |   | 3.                                  |                                      |                        |            |        |
| (Jurisdiction under the law of which foreign limited hability company is urganized) |   |                                     | (FEI numb                            | er, if applicable)     |            |        |
| 4   |   |                                     |                                      |                        |            |        |
|   | (Date first transacted business in Florida, if prior to it<br>(See sections 605 0904 & 605 0905, F.S. to determin | egistration )<br>e penalty liabilii | y)                                   |                        |            |        |
| 5. 111 E. Sego Lily Drive   |   | 6                                   | (Mailing Addr                        |                        |            |        |
| (Street Address of Principal Office) Sandy, UT 84070                                |   |                                     | (vialities, voor                     | ```<br>≥:              |            |        |
|   |   | <u>-</u>                            |                                      | 2.5                    | <u></u>    |        |
|   | <del></del>   |                                     |                                      | 25                     | <b>. 2</b> |        |
| 7. Name and street address  | ss of Florida registered agent: (P.O. Box   | NOT acce                            | otable)                              | <u> </u>               | 3          | ****** |
| Name:   | C T Corporation System  |                                     |                                      |                        | 유          | 5-75   |
|   | 1200 South Pine Island Road   |                                     |                                      |                        | PH I2: 22  | الغرب  |
| Office Address:   |   |                                     |                                      | <b>37.</b><br>57       | 22         |        |
|   | Plantation (Circ)   | <u>-</u>                            | , Florida 33324 (Zip code            | -)                     |            |        |
|   | s of my position as registered agent.  By: C T Corporation System   | ibal fo                             | Kimberly I<br>Assistant S            | • ,                    |            |        |
|   | (Registered agent's s   | gnature)                            |                                      |                        |            |        |
| 8. The name, title or capa <u>Title or Capacity:</u>                                | acity and address of the person(s) who has<br><u>Name and Address:</u>  |                                     | ority to manage is/are: or Capacity: | Name and Ad            | ldress:    |        |
| Member  | Bridge Office Holdings LLC  |                                     |                                      |                        |            |        |
|   | Sandy, UT 84070   |                                     |                                      |                        |            |        |
|   | -   |                                     |                                      |                        |            |        |
| (Use attachments if neces   | sary)   |                                     |                                      |                        |            |        |
| 9. Attached is a certificate  | of existence, no more than 90 days old, of which it is organized. (If the certificate                             |                                     |                                      |                        |            |        |
|   | uted in accordance with section 605.0203 the Department of State constitutes a thin                               |                                     |                                      |                        | iformatic  | on     |
|   | JL &  |                                     |                                      |                        |            |        |
|   | Signature of  | f an authorized                     | person                               |                        |            |        |
|   | Jonathan P. Slager, Manager   |                                     |                                      |                        |            |        |
|   |   | orinted name of                     | signee                               |                        |            |        |

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

DELAWARE, DO HEREBY CERTIFY "BOF FL SAWGRASS TECH PARK 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 FOURTH DAY OF JANUARY, A.D. 2019.

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

Authentication: 202020036

Date: 01-04-19