

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT  
Account Number : 120030000037  
Phone : (561) 833-8500  
Fax Number : (561) 650-8530

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

Email Address: ejones@shutts.com

Foreign Limited Liability Company  
Boca T-Rex Borrower, LLC

Certificate of Status	0
Certified Copy	0
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2019 JAN 29 PM 3:38

FILED  
2019 JAN 29 AM 8:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**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. BOCA T-REX BORROWER, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Delaware 3. 82-4374720  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/16/2015 - Originally filed 01/16/2015. A Notice of Withdrawal of Certificate of Authority was filed in error on 12/27/2018. All Annual Reports  
(New filers transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty, if any.) have been timely filed.

5. 5355 Town Center Road 6. 5355 Town Center Road  
(Street Address of Principal Office) (Mailing Address)  
Suite 350 Suite 350  
Boca Raton, FL 33486 Boca Raton, FL 33486

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

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

Stephanie Boehm  
(Registered agent's signature) Stephanie Boehm  
Service Manager

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: BRIC JV, LLC

☒ Member Address: 5355 Town Center Road

☐ Authorized Suite 350, Boca Raton, FL 33486

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Todd Amaro

☐ Member Address: 5355 Town Center Road

☐ Authorized Suite 350, Boca Raton, FL 33486

Person \_\_\_\_\_

☒ Other Vice Pres. \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Danielle Vennett

☐ Member Address: 4920 Conference Way North

☐ Authorized Boca Raton, FL 33431

Person \_\_\_\_\_

☒ Other Vice Pres. \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Angelo Bianco

☐ Member Address: 5355 Town Center Road

☐ Authorized Suite 350, Boca Raton, FL 33486

Person \_\_\_\_\_

☒ Other President \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Brett Reese

☐ Member Address: 5355 Town Center Road

☐ Authorized Suite 350, Boca Raton, FL 33486

Person \_\_\_\_\_

☒ Other Vice Pres. \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Todd J. Amaro  
Signature of an authorized person

Todd J. Amaro  
Type or print name of signer Vice Pres.

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOCA T-REX BORROWER, 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 FIFTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOCA T-REX BORROWER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF DECEMBER, A.D. 2014.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202080234

Date: 01-15-19