M19000002906

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
File 2nd			
119. 2776/ 11.			
W19-27796 Mgrs			
Office Use Only			

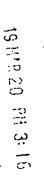


500326706015

FILED 19 HAR 20 AM 5: 17 SECRETISSEE FLORIDA TRECHENISSEE FLORIDA

03/21/19--01001--003 **215.00

K. SALY MAR 26 2019



SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/20/2019	fl-2-filing File Seconds
ENTITY NAME BREF 19	
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy —Certified.Copy
XXXX	- Certificate of Status
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICATE	
TOTAL OWED 160	снеск #_ 5907
Please call Tina at the	above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: BREF 1900 LLC Ref. Number: W19000027796 FLORIDA INC.

Corrected - Please

Olaw for ong file date.

Please return Certary to of

TE 1900 LLC and your check(s) totaling

The been filed and is being

The status.

We have received your document for BREF 1900 LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

There appears to be a misspelling of the registered agents name also. Is it Malcom or Malcolm?,

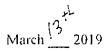
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 919A00005605

BREF 1900 LLC 6820 Lyons Technology Circle, Suite 100 Coconut Creek, FL 33073



Department of State of Florida Division of Corporations Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

Re: Consent to Use Name for Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (the "Application").

Ladies and Gentlemen:

Prior to filing its Articles of Conversion to a Delaware entity on March <u>15</u> 2019, the undersigned was a Florida limited liability company registered with the Division of Corporations of Florida under Document No. L17000020837 ("BREF Florida"). The undersigned hereby gives permission and consent for BREF 1900 LLC, a Delaware limited liability company ("BREF Delaware") to use the name "BREF 1900 LLC", in order for BREF Delaware to submit its Application for Authorization to Transact Business in Florida, and to use said name for all business purposes within and without the State of Florida.

If you have any questions, please contact me at (954) 312-2400.

Sincerely,

BREF 1900 LLC. a Florida limited liability company

By: Butters Manager II LLC,

a Florida limited liability company.

its Manager

By

Malcolm Butters Manager

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 HAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C" or "LLC.")		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC ")	
Delaware				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if	applicable)	
ı				
•	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) rmine penalty hability)	_	
c/o Malcolm Butters		e/o Malcolm Butters		
(Street Address of	Principal Office)	6. (Mailing Address)	·	
6820 Lyons Technology Circle, Suite 100		6820 Lyons Technology Circle, Suite 100		
Coconut Creek, FL 33073		Coconut Creek, FL 33073		
. Name and street addres	ss of Florida registered agent: (P.O. Bo Malcolm Butters	ox <u>NOT</u> acceptable)	19 HAR 20 SECILLIAN TALLANAS	
Name: Office Address:	6820 Lyons Technology Circle, Suite	± 100	O AM Si See, Flo	
	Coconut Creek	33073 , Florida	NIE RIDA	
	(Cuy)	(Zip code)	<u> </u>	
designated in this applicate comply with the provise	gistered agent and to accept service o tion, I hereby accept the appointment	f process for the above stated limited lial as registered agent and agree to act in the er and complete performance of my duti	his capacity. I further a	

	FILED
. 14	パンヘ
SECHE	AH 5: 17
TELAII)	Ser UFST.

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:	Title or Capacity:	Name and Address:				
Manager	Name: Butters Manager II LLC	Manager	Name: Malcolm Butters				
Member	Address: 6820 Lyons Technology Circle	Member	Address: 6820 Lyons Technology Circle				
Authorized	Suite 100	Authorized	Suite 100				
Person	Coconut Creek, FL 33073	Person	Coconut Creek, FL 33073				
Other	Other	Other	Other				
Manager	Name:	Manager	Name:				
□Member	Address:	☐ Member	Address:				
Authorized		Authorized					
Person	 	Person					
Other	Other	Other	Other				
☐Manager	Name:	Manager	Name:				
Member	Address:	☐ Member	Address:				
Authorized		☐ Authorized					
Person		Person					
Other	Other	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.							
Malcolm Butters							

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BREF 1900 LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

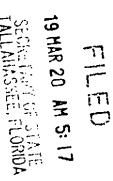
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTIETH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREF 1900 LLC"

WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2019.

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





Authentication: 202478975

Date: 03-20-19

7327406 8300 SR# 20192126554

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