

**MI9000006989**

Florida Department of State  
Division of Corporations  
Division of Consumer Services  
Electronic Filing System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190002166513)))



H190002166513ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

Vertical stamp: JUL 13 PM 4:30

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
BOF FL Doral Square LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Y SCOTT  
JUL 19 2019

19 Jul 10 AM 7:17

Electronic Filing Menu Corporate Filing Menu Help



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 BOF FL Doral Square LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2 Delaware
(Delaware under the laws of which foreign limited liability company is organized)
3 (FEI number, if applicable)

4 (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty, if any.)

5 111 E Segoe Lily Drive
(Soleet Address of Principal Office)
111 E Segoe Lily Drive
(Mailing Address)
Suite 400
Suite 400
Sandy, UT 84070
Sandy, UT 84070

Vertical stamp: JUL 18 PM 4:51

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

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.

Candice Pignataro

(Registered agent's signature)

Candice Pignataro, Asst. Secretary

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: BOF JV Doral Square LLC

Member Address: 111 E. Segoe Lily Drive

Authorized Person Suite 400

Sandy, UT 84070

Other \_\_\_\_\_  Other \_\_\_\_\_

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

Manager Name: Kelly Trahan

Member Address: 6451 N Federal Hwy

Authorized Person Suite 112

Fort Lauderdale, FL 33308

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Kelly Kuykendall

Member Address: 5 Concourse Parkway

Authorized Person Suite 3100

Atlanta, GA 30328

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: JoAnn Farrell

Member Address: 1637 NW 136th Avenue

Authorized Person Sunrise, FL 33323

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Keith Everett

Member Address: 5 Concourse Parkway

Authorized Person Suite 3100

Atlanta, GA 30328

Other \_\_\_\_\_  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.

 \_\_\_\_\_  
 Signature of an authorized person

Jonathan P. Slager

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOF FL DORAL SQUARE 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 SEVENTEENTH DAY OF JULY, A.D. 2019.

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

2019 JUL 18 PM 4:31  
DELAWARE SECRETARY OF STATE



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

7517936 8300

SR# 20196023651

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

Authentication: 203236009

Date: 07-17-19