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.

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	Doing so will generate another cover shee	l	ب <del>د</del>
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	;	
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## APPLICATION BY FOREIGN LIMITED LEABILITY 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.

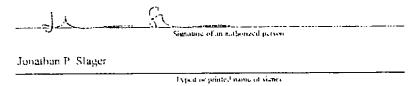
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company, "L.L.C.," or "LLC")			
name unavailable, enter alternate in	and adopted for the grapose of transacting latiness in E	lenda, i be alternate name must miliode "Limited Lad	hility Company	"E.E.C."	or LLC. )
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	(Sur Section 655 000) & nore in Florida, if prior (Sur Section 655 000) & 605,005, F.S. to dele-	to registe tites )	<del>- <u>;</u> .</del> -		
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(80cc) Address of F Suite 400	<sup>2</sup> arcipal Odes i	Sorte 400	rew), ,	#: 6	
Sandy, UT 84070		Sundy, UT 84070			
Name and street address	ss of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)			··
Name and <u>street address</u> Name	ss of Florida registered agent: (P.O. Be CT Corporation System	ox <u>NOT</u> acceptable)			•
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Name	CT Corporation System	33324			
Name	CT Corporation System	ox <u>NOT</u> acceptable)			
Name Office Address: Registered agent's acceptaving been named as relevanted in this applicate comply with the provisi	CT Corporation System 1200 South Pine Island Road  Plantation (Grs)	33324, Florida	t in this ca	pacity. 1	Lfurthei
Name Office Address: Registered agent's acceptaving been named as relevanted in this applicate comply with the provisi	CT Corporation System  1300 South Pine Island Read  Plantation  (Cav)  Idance: registered agent and to accept service of attors, I hereby accept the appointment ions of all statutes relative to the prop	33324, Florida, Zip co.  f process for the above stated limited tas registered agent and agree to act er und complete performance of my Candia PM at the Candia	t in this ca	pacity. 1	Lfurther

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: BOF JV Doral Square LLC	Manager	Name: Kelly Trahan
Member	Address: 111 E. Sego Lity Drive	Member	Address:
Authorized	Suite 400	Authorized	Suite 112
Person	Sandy, UT 84070	Person	Fort Lauderdale, FL 33308
Othei	Other	[]Other	Other
Manager	Name: Kelly Kuykendall	☐ Manager	Name: JoAnn Fairell
Member	Address: 5 Concourse Parkway	Member	Address: 1637 NW 136th Avenue
Authorized	Suite 3100	Authorized	
Person	Atlania, GA 30328	Person	Sunrise, FL 33323
Other	Other	Other	Other
			를 <u>을</u> 수 있는 것이 되었다.
Manager	Name: Keith Everett	Manager	Name.
Member	Address: 5 Concourse Parkway	Member	Address:
■ Authorized	Suite 3100	☐ Authorized	
Person	Atlanta, GA 30328	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. Nonindexed 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 605,0263 (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.





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.

Eals July 18 PH 4: 31

7517936 8300

SR# 20196023651

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

Authentication: 203236009

Date: 07-17-19