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Foreign Limited Liability Company  
BOF FL Doral Square LLC

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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. BOF FL Dorat 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  
(Jurisdiction 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. <u>111 E Sego Lily Drive</u> (Street Address of Principal Office)	6. <u>111 E Sego Lily Drive</u> (Mailing Address)
<u>Suite 400</u>	<u>Suite 400</u>
<u>Sandy, UT 84070</u>	<u>Sandy, UT 84070</u>

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.*

*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 Sego Lily Drive

☐ Authorized Suite 400

Person Sandy, UT 84070

☐ Other ☐ Other

☐ Manager Name: Kelly Kuykendall

☐ Member Address: 5 Concourse Parkway

☒ Authorized Suite 3100

Person Atlanta, GA 30328

☐ Other ☐ Other

☐ Manager Name: Keith Everett

☐ Member Address: 5 Concourse Parkway

☒ Authorized Suite 3100

Person Atlanta, GA 30328

☐ Other ☐ Other

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

☐ Manager Name: Kelly Trahan

☐ Member Address: 6451 N Federal Hwy

☒ Authorized Suite 112

Person Fort Lauderdale, FL 33308

☐ Other ☐ Other

☐ Manager Name: JoAnn Farrell

☐ Member Address: 1637 NW 136th Avenue

☒ Authorized Suite 112

Person Sunrise, FL 33323

☐ 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.17.155, F.S.

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

Jonathan P. Slager

Typed or printed name of signer

# Delaware

The First State

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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



7517936 8300

SR# 20196023651

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203236009

Date: 07-17-19