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

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Foreign Limited Liability Company
BOF FL Museum Tower LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Y SCOTT
AUG 15 2019



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 Museum Tower 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. (Date first transacted business in Florida, if prior to registration) (See section 605.0904 & 605.0905, F.S., to determine taxable liability)

4. (Date first transacted business in Florida, if prior to registration) (See section 605.0904 & 605.0905, F.S., to determine taxable liability)

5. 111 E. Segoe Lily Drive (Street Address of Principal Office) Suite 400 Sandy, UT 84070 6. 111 E. Segoe Lily Drive (Mailing Address) Suite 400 Sandy, UT 84070

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.

James D. Martin James D. Martin Assistant Secretary (Registered agent's signature)

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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: BOF FL Museum Tower LLC

Member Address: 111 E. Segon 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 Parrell

Member Address: 16375 NW 136th Avenue

Authorized Suite 46

Person Sunrise, FL 33323

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

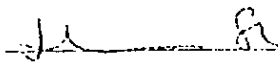
Person _____

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.817.155, F.S.

 _____
Signature of an authorized person

Jonathan P. Slager

Type 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 MUSEUM TOWER 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 FOURTEENTH DAY OF AUGUST, A.D. 2019.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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Date: 08-14-19