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T GLASS OCT 28 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 023894 4814233
AUTHORIZATION: Squelle Bear
COST LIMIT : \$ 125-00
ORDER DATE: October 24, 2019
ORDER TIME : 8:59 AM
ORDER NO. : 023894-005
CUSTOMER NO: 4814233
FOREIGN FILINGS
NAME: BRADENTON OWNER, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson EXT# 62968

EXAMINER: _____

COVER LETTER

TO:

Registration Section Division of Corporations

CUDIECT.	Bradenton Owner, LLC						
SUBJECT:	Name of	Limited Liability	Company	_			
	"Application by Foreign Limited Liability Com I check are submitted to register the above refer						
Please return	all correspondence concerning this matter to the	following:					
	Susan Harrison						
Name of Person							
Morris, Manning & Martin, LLP							
Firm/Company							
3343 Peachtree Road NE, Suite 1600							
Address							
Atlanta, Georgia 30326							
	City/S	State and Zip Code		_			
	joe@madisoncapgroup.com						
	E-mail address: (to be use	d for future annua	report notification)	- 25			
For further inf	ormation concerning this matter, please call:		•		:		
Sus	an Harrison	404 at (364-7470	⊘ ;			
	Name of Contact Person	Area Code	Daytime Telephone Number	- 7% 	ر ا ا		
Divis Regis P.O.	LING ADDRESS: ion of Corporations tration Section Box 6327 hassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	0:10			
Pleas	sed is a check for the following amount: e make check payable to: FLORIDA DEPAR* 125.00 Filing Fee S130.00 Filing Fee Certificate of Sta	ፄ 🗖 \$155.00	TE Filing Fee & S160.00 Filing ed Copy of Status & Ce				

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 ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	rida. The a	ternate name must include "Limited Liability Com	pany," "L.L.C," or "LLC ")
Delaware 2.		3.	NA	
(Jurisdiction under the law of w	thich foreign limited hability company is organized)	5.	(FEI number, if appli	cable)
4				
	(Date first transacted business in Florida, if prior to ((See sections 605,0904 & 605,0905, F.S. to determine	registration ne penalty	.) itability)	
6805 Morrison Blvd., Suite 250 (Street Address of Principal Office)		6	6805 Morrison Blvd., Suite 250	
		0.	(Mailing Address)	
Charlotte, NC 2821	1		Charlotte, NC 28211	
				F3 C3
. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	<u> </u>
Name:	Corporation Service Company			<u>сл</u>
	1201 Hour Street			
Office Address:	1201 Hays Street			

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.

Roxanne Turner
Sorpolation Séprice Company

Asst. Vice President

(Registered agent's signature)

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: Name: MCG Bradenton Manager, LLC Manager Manager Name: Madison Bradenton Opportunity Fund I, LLC 6805 Morrison Blvd., Suite 250 Member Address: Member Address: ___ Charlotte, NC 28211 6805 Morrison Blvd., Suite 250 Authorized Authorized Charlotte, NC 28211 Person Person Other__ Other Other Other Manager Name: Name: _____ Manager Member Address: Member Address: _____ Authorized Authorized Person Person Other____ Other_____ Other Other_ Manager Name: ___ Member Address: ☐ Member Address: _____ Authorized Authorized Person Person 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 605.0203 (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. Joe F. Teague, Jr.

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BRADENTON OWNER, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

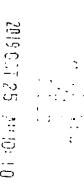
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRADENTON OWNER,

LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2019.

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





Authentication: 203863877

Date: 10-24-19