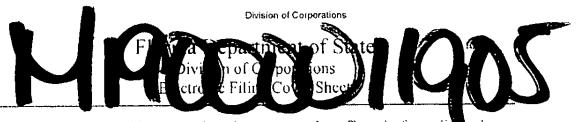
12/12/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

28

⇔

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*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 BWREFI ROYAL PALM WAY LLC

Certificate of Status	U
Certified Copy	1
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Estimated Charge	\$155.00

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TIGHASS DEC 16 2019

## APPLICATION BY FOREIGN LIMITED LIABILITY 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

ana marnifable, enter attemate n	ame adopted for the purpose of transacting business in Florid	a. The alternate name must include "Largeed Liability Compa	ony," "F. L.C." or "LLC		
Delaware		84-3785222 3.			
(Jurisdiction maler the law of which foreign limited liabelity company is organized)		(FEI monber, if appl o	3. (FEI manber, if appl cable)		
N/A					
<del></del>	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	ristration ) penalty linbility)			
One North Federal Highway, Suite 300		One North Federal Highway, Suite 300			
(Sireet Address of Principal Office)		G. (Mailing Address)			
Boca Raton, FL 33432		Boca Raton, FL 33432			
Name and street addres	s of Florida registered agent: (P.O. Box.)	NOT acceptable)	2019 DEC		
Name:	C T Corporation System	<del></del>			
Office Address:	1200 South Pine Island Road	<del></del>	TH K		
	Plantation	33324 , Florida	ارا ت		
	(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.

Scott White, Assistant Secretary
(Registered opent's signatura)

Title or Capacity:	Name and Address:	Title or Capacity	<u>/1</u>	Name and Address:
□Manager	Name: Benjamin H. Griswold	Manager	Name:	
Member	Address: One North Federal Highway	Member	Address:	
⊠Authorized	Suite 300	Authorized		
Person	Boca Raton, FL 33432	Person	<del></del>	
Other	Other	Other	<del></del>	Other
☐Manager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		7019
Person		Person		<u> </u>
Other	Other	Other		Other 💮
∭Manager	Name:	Manager	Name:	PH 12:
Member	Address:	Member	Address:	
Authorized		☐ Authorized		
Person		Person	<del></del>	3334
Other	Other	Other		Other
9. Attached is a cer jurisdiction under the translator mu	Use an attachment to report more than six (6), may be added to the index when filing your litificate of existence, no more than 90 days old he law of which it is organized. (If the certificate submitted) is executed in accordance with section 605.02 ment to the Department of State constitutes a	Florida Department of Sta	nte Annual Rep ne official havi ge, a translation es. I am aware t	ort form.  Ing custody of records in the of the certificate under or the tany false information

Typed or printed name of symce

Benjamin H. Griswold



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BWREFI ROYAL PALM WAY 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 TWELFTH DAY OF DECEMBER, A.D. 2019.

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



Authentication: 204207359

Date: 12-12-19