

9/2/2020

Division of Corporations

MW0000007740

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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
BOF II FL Tampa Commons LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2020 SEP -4 AM 8:03

2020 SEP -02 10:05:11
FILED

Electronic Filing Menu Corporate Filing Menu

Help

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 II FL Tampa Commons 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 law of which foreign limited liability company is organized)
3. (F.T.I. number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty 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: CTCorporationSystem
Office Address: 1200SouthPineIslandRoad
Plantation, Florida 33324
(City) (Zip code)

2020 SEP - 03 10 34 PM
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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.

By: CTCorporationSystem Mark Holloway
(Registered agent's signature) Assistant Secretary

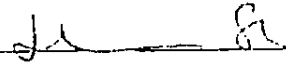
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BOFHJV Tampa Commons LLC</u>	<input type="checkbox"/> Manager	Name: <u>Maryellen Bockstahler</u>
<input checked="" type="checkbox"/> Member	Address: <u>111 E. Sego Lily Drive</u>	<input type="checkbox"/> Member	Address: <u>5 Concourse Parkway</u>
<input type="checkbox"/> Authorized	<u>Suite 400</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 3100</u>
Person	<u>Sandy, UT 84070</u>	Person	<u>Atlanta, GA 30328</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Kelly Kuykendall</u>	<input type="checkbox"/> Manager	Name: <u>Jonathan Slager</u>
<input type="checkbox"/> Member	Address: <u>5 Concourse Parkway</u>	<input type="checkbox"/> Member	Address: <u>111 E. Sego Lily</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 3100</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 400</u>
Person	<u>Atlanta, GA 30328</u>	Person	<u>Sandy, UT 84070</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Keith Everett</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5 Concourse Parkway</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 3100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Atlanta, GA 30328</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOF II FL TAMPA COMMONS 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 SECOND DAY OF SEPTEMBER, A.D. 2020.

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




Jeffrey W. Bullock, Secretary of State

3554521 8300

SR# 20207076210

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

Authentication: 203584504

Date: 09-02-20