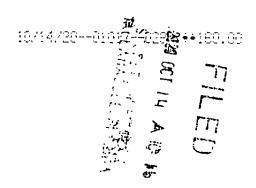
(Re	equestor's Name)	
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## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Daytona Beach Wilder	Blvd FL Propco LLC			
3000	ECT.	Name of Limited Liability Company			
		n Limited Liability Company for Authorization to Transact Business in Florida," Certificate of pregister the above referenced foreign limited liability company to transact business in Florida.			
Please	return all correspondence con	cerning this matter to the following:			
	Elliott Mandelbau	m			
		Name of Person			
	BME Florida Real	Co Holdings LLC			
Firm/Company					
	17 State Street, Su	ite 2525			
	<del></del>	Address			
	New York, NY 10004				
	<del></del>	City/State and Zip Code			
	elliott@bmeaglehol	dings.com			
		-mail address: (to be used for future annual report notification)			
For fu	rther information concerning t	nis matter, please call:			
	Elliott Mandelbaum	212 269-1500 at ( )			
	Name of C	Ontact Person Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		•			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
		Following amount: to: FLORIDA DEPARTMENT OF STATE  \$\Bigsim \text{S130.00 Filing Fee & } \Bigsim \text{\$\Bigsim \text{S155.00 Filing Fee & } \Bigsim \text{\$\Bigsim \text{S160.00 Filing Fee, Certificate } \text{Certificate of Status & Certified Copy } \text{of Status & Certified Copy}			

## 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:

avante of Foreign	Limited Liability Company; must include "Limited	Liability	Company, L.C.	OI L.I			
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The a	ilternate name must ir	ichide "Lin	ited Liabili	у Сопрану	"," "L L C," or "LLC
Delaware 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.		(FE	l number, if	applicable	)
1	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration e penalty	) liability)			_	
17 State Street, Suite 2		6.	17 State Street	Suite 2	525		
New York, NY 10004			New York, NY	10004	co-6		
7 Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	ccentable)		100 A		-
Name:	Corporation Service Company					ADE	
Office Address:	1201 Hays Street		<u>-</u>				
	Tallahassee		, Florida	32301			
	(City)		r	(Zip c	ode)	_	

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.

Ashley Isbert, Asst. VP
(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: BME Florida RealCo Holdings LLC Manager Address: 17 State Street, Suite 2525 □Member ☐ Member Address: New York, NY 10004 □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_ \_\_\_\_\_ 🗆 🗀 Other\_\_\_\_\_ Name: Name: □ Manager □ Member ☐ Member Address: Address: ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_\_ Other □Manager Name: Name: \_\_\_\_\_ □Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_\_ □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. Elliott Mandelbaum

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "DAYTONA BEACH WILDER BLVD FL PROPCO

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 FIRST DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAYTONA BEACH WILDER BLVD FL PROPCO LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2020.

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

THE PERSON NAMED IN COLUMN TO THE PE

Authentication: 203772046

Date: 10-01-20