9/8/21 3:58 PM

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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 **BCLIV Madison DC LLC**

Certificate of Status	U
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Electronic Filing Menu

Corporate Filing Menu

Help

From: James Tanks III

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Il name sauvailable, enter alternate i	name adopted for the purpose of transacting business in Flo	stida. Hie altern	ate name must include "Lamited Liabil	hty Company," "L.E.C," or "L.E.C.")
Delaware 2.		3		
(Jurisdiction under the law of w	high foreign limited liability company is organized)	J	(FEI number,)	if applicable)
4				_
	(Date first transacted business in Florida, if prior to a (See sections 645 0904 & 605 0905, F.S. to determin	egistration I ne penalty liabili	ψ)	
518 17th Street Suite 1700 5.			17th Street, Suite 1700	
5. (Street Address of Principal Office)	· · · · ·	U	(Mailing Addicss)	
Denver CO 80202		Der	iver CO 80202	282
				(SEP
.,				<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	otable)	PA
Name:	C T Corporation System			F: 36
Office Address:	1200 South Pine Island Road		_	
	Plantation		33324 , Florida	
	(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.

By: CT Corp	oration System D. Martin
	(Registered agent's signature)
James D. Martin - Assistar	t Secretary

: -18506176383

Page: 4 of 5

From: James Tanks III

manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name: BCLIV Operating Partnership LP	∏Manager	Name:	
■Member	Address: 518 17th Street Suite 1700	□Member	Address:	· · · · · · · · · · · · · · · · · · ·
□Authorized	Denver CO 80202	☐ Authorized		
Person		Person		
□Other	Other	☐ Other		□Other
⊒Manager	Name:	Manager	Name:	
□Member	Address: 518 17th Street Suite 1700	□Member	Address:	
■ Authorized	Denver CO 80202	□ Authorized		283
Person		Person		<u>∽</u> ·
□Other	Other	_Other		□Other_
□Manager	Name: Taylor Paul	_ Manager	Name:	PH 4: 36
□Member	Address: 518 17th Street Suite 1700	□Member	Address:	
■ Authorized	Denver CO 80202	☐ 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. 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.

Said Wednet		
	Signature of an authorized person	
Sarah Wadsworth		
	Typed or printed name of squee	

: +18506176383



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

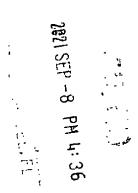
DELAWARE, DO HEREBY CERTIFY "BCI IV MADISON DC LLC" IS DULY FORMED

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 EIGHTH DAY OF SEPTEMBER, A.D. 2021.

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





Authentication: 204105228

Date: 09-08-21