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Division of Corporations

MA 100006397

Florida Department of State
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To:

Division of Corporations
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Phone : (614)280-3338
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Email Address: _____

**Foreign Limited Liability Company
BRE Panama City, LLC**

Certificate of Status	0
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S. HAWKES

DEC -3 2021

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BRE Panama City, 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. Alabama 87-3790528
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0964 & 605.0905, F.S. to determine penalty liability)


5. 700 Montgomery Hwy, Suite 186 700 Montgomery Hwy, Suite 186
(Street Address of Principal Office) (Mailing Address)
Birmingham, AL 35216 Birmingham, AL 35216

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.


(Registered agent's signature) Kimberly Bowens, Asst. Secretary

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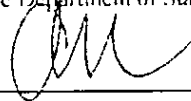
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>Amy McMullen</u>	<input type="checkbox"/> Manager	Name: <u>John Abernathy</u>
<input checked="" type="checkbox"/> Member	Address: <u>700 Montgomery Highway</u>	<input type="checkbox"/> Member	Address: <u>700 Montgomery Highway</u>
<input type="checkbox"/> Authorized	Suite 186	<input type="checkbox"/> Authorized	Suite 186
Person	<u>Birmingham, AL 35216</u>	Person	<u>Birmingham, AL 35216</u>
<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Officer</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Leah Allen</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>700 Montgomery Highway</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite 186	<input type="checkbox"/> Authorized	_____
Person	<u>Birmingham, AL 35216</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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

Amy McMullen

Typed or printed name of signee

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that BRE Panama City, LLC was
formed in Alabama, Alabama on November 2, 2021. The Alabama Entity
Identification number for this entity is 950-738. I further certify that the records do
not disclose that said entity has been dissolved, cancelled or terminated.



20211201000028250

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

12/01/2021

Date

A handwritten signature in black ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State