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Sivision of Corporations Fee Number : (258)617 6363

Account Name : FLASLES DEVELOR ACCOUNT Number : T389388831A4 Phone : (385)528 23A4 Fiss Number : (385)528 2488 TOTAL PILE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BL Escrow 1 LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Jessica Perez
Name of Person
Firm/Company
700 NW 1st Avenue, Suite 1620
Address
Miami, FL 33136
City/State and Zip Code
jessica.perez@feci.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Perez 305 520-2366
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \Boxed{1} \\$130.00 \text{ Filing Fee & Gertificate of Status} \Boxed{1} \\$155.00 \text{ Filing Fee & Gertificate of Status} \Boxed{1} \\$160.00 \text{ Filing Fee, Certificate of Status} \Boxed{2} \text{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:

2. Delaware (Duradiction under the law of which foreign limited hability (EEI 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. 161 NW 6th Street, Suite 900 Miami, FL 33136 (Street Address of Principal Office) Miami, FL 33136 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Penack W. Goddard (P) Aleffrey C. Swiatek (CFO, VP), "Gary L. Smith (VP, Chief Accounting Officer) 161 NW 6 St, Ste 900, Miami, FL 33136 (Cynthia Bergmann (VP, S, General Counsel); 161 NW 6 St, Ste 900, Miami, FL 33136 (Street Address) R. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)	(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida Liability Company," "L.L.C," or "L.L.C.")	The alternate name must include "l	Limited
Company is organized) 4.	_{2.} Delaware 3. 87-3887957		
(Street Address of Principal Office) Miami, FL 33136 (Street Address of Principal Office) Miami, FL 33136 (Street Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Patinck W. Goddard (P) Deffrey C. Swiatek (CFO, VP)? Gary L. Smith (VP, Chief Accounting Officer) 161 NW 6 St, Ste 900, Miami, FL 33136 Kolleen Cobb (VP, AS); Juan (Rusty) Godoy (VP); 700 NW 1st Ave, Ste 1620, Miami, FL 33136 Cynthia Bergmann (VP, S, General Counsel); 161 NW 6 St, Ste 900, Miami, FL 33136 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator		number, if applicable)	
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Kolleen O.P. Cobb, Vice President

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

AGENT IN THE STATE OF FLOR	RIDA.
1. The name of the Limited Liabili	ty Company is:
If unavailable, the alternate to be us	sed in the state of Florida is:
2. The name and the Florida street	address of the registered agent and office are:
Cynthia Be	ergmann
	(Name)
161 NW 61	th Street, Suite 900
Florida	Street Address (P.O. Box NOT ACCEPTABLE)
Miami	_{E1} 33136
	33136 FL City/State/Zip
liability company at the place design registered agent and agree to act in statutes relating to the proper and accept the obligations of my position Statutes.	gent and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of alcomplete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 605, Florida The Legy (Signature)
	\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BL ESCROW 1 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 DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BL ESCROW 1 LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204907823

Date: 12-08-21

6438528 8300 SR# 20214019538