

8/15/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
BOF FL Museum Tower LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

Y SCOTT

AUG 15 2019

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 FL Museum Tower LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
(Jurisdiction under the laws of which foreign limited liability company is organized)
3.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
4. 111 E. Sego Lily Drive
(Street Address of Principal Office)
5. Suite 400
Sandy, UT 84070
6. 111 E. Sego Lily Drive
(Mailing Address)
Suite 400
Sandy, UT 84070

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

Name: CT 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.

James D. Martin
(Registered agent's signature)

James D. Martin 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]:

Title or Capacity: Name and Address:

☐ Manager Name: BOF FL Museum Tower LLC

☒ Member Address: 111 E. Sego Lily Drive

☐ Authorized Suite 400

Person Sandy, UT 84070

☐ Other _____ ☐ Other _____

☐ Manager Name: Kelly Kuykendall

☐ Member Address: 5 Concourse Parkway

☒ Authorized Suite 3100

Person Atlanta, GA 30328

☐ Other _____ ☐ Other _____

☐ Manager Name: Keith Everett

☐ Member Address: 5 Concourse Parkway

☒ Authorized Suite 3100

Person Atlanta, GA 30328

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Kelly Trahan

☐ Member Address: 6451 N Federal Hwy

☒ Authorized Suite 112

Person Fort Lauderdale, FL 33308

☐ Other _____ ☐ Other _____

☐ Manager Name: JoAnn Parrell

☐ Member Address: 16375 NW 136th Avenue

☒ Authorized

Person Sunrise, FL 33323

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

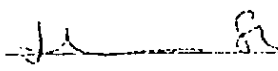
Person _____

☐ 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.

 _____
Signature of an authorized person

Jonathan P. Slager

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOF FL MUSEUM TOWER 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 FOURTEENTH DAY OF AUGUST, A.D. 2019.

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

FILED
2019 AUG 14 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7559462 8300

SR# 20196514860

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203408678

Date: 08-14-19