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SECRETARY OF STATE

T. Burn SEB 2 5. 2014



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ON SERVICE COMPANY								
ACCOUNT NO. :	I2000000195							
REFERENCE :	020830 7577593							
AUTHORIZATION :	Mendenan							
COST LIMIT :	<u> </u>							
ORDER DATE : February 20, 2014								
ORDER TIME : 3:47 PM	2 1/ 1 f							
ORDER NO. : 020830-155	Case file 1st							
CUSTOMER NO: 7577593								
FOREIGN FILINGS								
NAME: EH GP LLC								
XXXX QUALIFICATION (TYPE: <u>LL</u>)								
PLEASE RETURN THE FOLLOWING AS PR	OOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAND	ING							

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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. EH GP LLC

1. ON THE STATE OF FLORIDA:

1. ON THE STATE OF FLORIDA:

1. EH GP LLC	W (0 V 51 W)	
(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 and a consent of the managers or managing members adopting the alternate name. The alternate name must inclu Company, "L.L.C," "LLC.")		
2. Texas 3.		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applical	ole)	
4. Upon filing		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	SEC	<u></u>
5. 49055 Kramer Lane, Suite B-700	AR_	<u> </u>
Austin, TX 78758	TARY ASSE	25
(Street Address of Principal Office)	in i	3
6. PO Box 81662	101 115	<u>က်</u> 💪
Austin, TX 78708	NDA TE	17
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to ma EH Pooled Investments, Manager - PO Box 81662, Austin, TX 78708	anage is/are:	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official han the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in translation of the certificate under oath of the translator must be submitted.)		
Chet Kale		
Signature of an authorized person	_	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation penalties of perjury that the facts stated herein are true. I am aware that any false information st document to the Department of State constitutes a third degree felony as provided for in s	ubmitted in a	
William J. Kerley	_	
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.

1. The name of	of the Limited Liability	Company is:			
EH GP LLC					
If unavailable,	the alternate to be use	ed in the state of Florida is:			
2. The name a	nd the Florida street a	ddress of the registered agent and office are:	7		
	Corporation Service C	Company	SEC	14	
	1201 Hays Street	(Name)	JRETARY AHASSEE	FEB 25	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			OF STA E. FLOR	.e ₩	
	Tallahassee	FL 32301 City/State/Zip	STATE LORIDA	9: 4.7	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company)

By: (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

Office of the Secretary of State

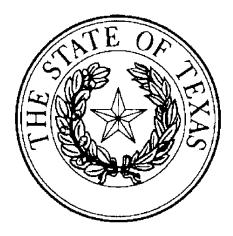
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for EH GP LLC (file number 801363035), a Domestic Limited Liability Company (LLC), was filed in this office on December 30, 2010.

It is further certified that the entity status in Texas is in existence.

4 FEB 25 AM 9: L.7 ECRETARY OF STATE LLAHASSEF, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 21, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 530568320003

Phone: (512) 463-5555 Prepared by: SOS-WEB