Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000151750 3)))

Note: D	O NOT hit the REFRESH/RELOAD boing so will generate an		1 XXX
To:	Division of Corporations Fax Number : (850)617-6383		OF STATE
From	: Account Name : CORPORATION S	ERVICE COMPANY	` <b>&gt;</b>
	Account Number : I2000000195		
<b>☆</b>	Phone : (850)521-0821 Fax Number : (850)558-1515  r the email address for this busin innual report mailings. Enter only	ess entity to be used one email address ple	for futur ase.**
E E	Phone : (850)521-0821 Fax Number : (850)558-1515  The email address for this busin	one email address ple	for future
E E	Phone : (850)521-0821 Fax Number : (850)558-1515  The email address for this busin innual report mailings. Enter only imail Address:  Foreign Limited Liab LVP BH Marg	one email address ple	ase.**
<b>†</b> 77:	Phone : (850)521-0821 Fax Number : (850)558-1515  The email address for this busin innual report mailings. Enter only  Foreign Limited Liab	one email address ple	ase.**
E E	Phone : (850)521-0821 Fax Number : (850)558-1515  The email address for this busin innual report mailings. Enter only  Foreign Limited Liab  LVP BH Marg  Certificate of Status	one email address pleasing control of the company ate LLC	ase.**
E E	Phone : (850)521-0821 Fax Number : (850)558-1515  The email address for this busin innual report mailings. Enter only imail Address:  Foreign Limited Liab	one email address pleasing control of the company ate LLC	ase.**

Electronic Filing Menu

Corporate Filing Menu

Help C

 $\sqrt{\phantom{a}}$ 

1 H20000151750 3

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

IN COMPILANCE WITH SECTION 605,0002 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L LVP BH Margate LLC					
	Limited Linbility Company, must include "Limited			2020 H	<del></del> 1
(If name unavailable, error siternate)	same adopted for the purpose of transacting bisotiess in $\mathbb{F}$	orda The	alternate name must include "himited Liability Com	per.)	i cr <u>eirf</u> icer
_		3.	<u>γ</u>		
(Jurisdietten under the law of w	hich foreign limited liability company is organized)		(SEI number, Valgati T. S. T. C. S. T. A. R. S. T. S. T. A. R. S. T. S.		Ö
т. <u></u>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration inc penalty	n.) (lishikiy) >	ဃ	
1985 Cedar Bridge Ave Suite 1			1985 Cedar Bridge Ave, Suite 1		
5. Street Address of Frincipal Office)		6	(Mailing Address)		
Attn: Legal Dept.			Attn Legal Dept.		
Lakewood, NJ 08701	I		Lakewood, NJ 08701		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)		
Name:	Corporation Service Company				
Office Address.	1201 Hays Street				
	Tallahassee		32301 , Florida		
	(Cay)		(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.

Spainte Pro	Glimon -	Amanda Robinson, Asst. Vice President		
(Registered agent's rignature)				

H20000151750 3

8.	For initial indexing purposes, list names	, title or capacity and addresses of	of the primary mer	mbers/managers or p	ersons authorized to
ma	nage [up to six (6) total].				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name. Behringer Harvard Margate LLC	□Manager	Name
∐Member	Address: 1985 Cedar Bridge Ave.	□Member	Address: 1985 Cedar Bridge Ave
□Authorized	Suite 1, Attn: Legal Dept.	<b>⊞</b> Authorized	Suite 1 LCG R T
Person	Lakewood, NJ 08701	Person	Lakewood, Nd: 08701
[]Other	Other	Other	SET TO THE TO THE TOTAL PROPERTY OF THE TOTA
□Managei	Name.	□Manager	Name Name
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Ci Other	COther	□ □ Other
□Manager	Name	□Manager	Name.
□Member	Address.	□Member	Address.
□Authorized		□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.

20	per transfer	
	Signature of an authorized person	· · · · · · · · · · · · · · · · · · ·
Joseph Teichman		
	Typed or printed name of signee	H20000151750 3

H20000151750 3



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LVP BH MARGATE 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 SHOWN AS

OF THE TWENTIETH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LVP BH MARGATE TO THE LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2020.

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

Authentication: 202966059

Date: 05-20-20