4/26/24, 5:27 PM

## Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: LEGAL@BENTALLGREENOAK.COM

## Foreign Limited Liability Company **BGO AHP CENTER POINT OWNER LLC**

Certificate of Status	0
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## 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 COMPANYTOTRANSACTBUSINESS INTHE STATEOFFLORIDA: I. BGO AHP CENTER POINT OWNER 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.") DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, it applicable) (Date first transacted business in Florida, if prior to regutation.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 5. 399 Park Avenue (Street Address of Principal Office) 399 Park Avenue (Mailing Address) New York, NY 10022 New York, NY 10022 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.

C T Corporation System

By: Sandra Zwijack, Assistant Manager

(Registered agent's signature)

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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□ Manager	Name: Christopher Nichaus	☐ Manager	Name: Amy Price
☐ Member	Address: 399 Park Avenue,	☐ Member	Address: 399 Park Avenue,
☐ Authorized	Floor 18,	∆uthorized	Floor 18,
	New York, NY 10022		New York, NY 10022
Person	THEW FORE THE TOOLE	Person	
Other	Other	□Other	
□ Manager	Name: Jonathan Epstein	□Manager	Name: Dara Friedman
□ Member	Address: 399 Park Avenue,	□Member	Address: 399 Park Avenue,
S Authorized	Floor 18,	⊠Authorized	Floor 18,
Person	New York, NY 10022	Person	New York, NY 10022
🗅 Other	□Other	□Other	Other
∐ Managcr	Name: Will Hedley & Nathan Riley	□Manager	Namc: James A. Schimid, III
□ Member	Address: 399 Park Avenue,	□Member	Anchor Health Pertners, LLC Address: Cto CORPORATION SERVICE COMPANY
3 Authorized	Floor 18,	≅Authorized	251 Little Falls Orive
Person	New York, NY 10022	Person	Wilmington, OE 19808
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

Christopher Nichaus



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

DELAWARE, DO HEREBY CERTIFY "BGO AHP CENTER POINT OWNER 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2024.

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

Authentication: 203345499

Date: 04-26-24