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Plorida Department of State

Division of Corporations

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TO: Registration Se Division of Cor				
SUBJECT: BH Logisti	cs, LP			
	nc of Foreign Limited Parts	nership or Limited Liability	Limited Partnership	_
partifership to transact by	n, certificate of status and feusiness in Florida. ondence concerning this ma		a foreign limited partnershi	p or limited liability limited
Amar D. Bajpai				2014 AFR
,	Contact Person			
Britton Kill Partners LL	c			
·	Firm/Company			6037 G
1200 Anastasia Avenue,	Suite 500			FTL
	Address			3
Coral Gables, FL 33134				
C	ity, State and Zip Code			**************************************
abajpai@brittonhilipartn				3 O
E-mail address: (to be i	used for future annual repor	rt notification)		
For further information c	oncerning this matter, plea-	se call:		
Amar O. Bajpai		a) (305) 416-2	626	
Name of Contac	t Person		ime Telephone Nuntber	-
Enclosed is a check for the	ne following amount:			•
(\$965 Filing Fee and \$35 Registered Agent Fee)	_ \$1,008.75 Filing Fees and Certificate of Status	S \$1,052.50 Filing Fees and Certified Copy	C \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	Ircle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahussee, PL 32314		

FL047 - 12/21/2011 Wattive Klewyr Orders

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLOREDA

Acceptable Limited Parinership suffixes: Limited Parine	iability Limited Partnership, which must include sufflx) ership, Limited, L.P., LP, or Ltd. es: Limited Liability Limited Partnership, L.L.L.P, or LLLP.	
If name unavailable, name under which the limited part business in Flo	tocrahip or limited liability limited partnership proposes to rorida; must contain acceptable suffix.	register to transact
2 Delaware	3	
State or Country of Fermation	Date of Formation	
4. Federal Employer Identification Number:		
5. Name of Registered Agent for Service of Process as	nd Florida Street Address:	Vill O
Amar D. Bajpsi		
1200 Anastasia Avenus, Suite 500		
Coral Gabics, FL 33134		
my position as registered agent. By: Signs 7. Principal Office:	ature of Registered Agent 8. Mailing Address:	
•		
1200 Anasinsia Avenue	1200 Anastasia Avenue	
1200 Anastosia Avenue		_
Suite 500	Suite 500	- -
Suite 500 Coral Gables, FL 33134	Suite 500 Coral Gabies, FL 33134	- -
Suite 500 Coral Gables, FL 33134 9. If limited partnership is a limited liability limited g	Suite 500 Coral Gables, FL 33134 partnership, check box .	- -
Suite 500 Coral Gables, FL 33134 9. If limited partnership is a limited liability limited g 10. Name, principal office address, and mailing address.	Suite 500 Coral Gables, FL 33134 partnership, check box . ress of each general partner:	-
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Street Address:			Street Address:		
Mailing Address			Mailing Address:		
l. Effective date, is Fective date canno	other than the date of the prior to nor more th	flling:an 90 days after the day	te this document is filed by the Fi	forida Deparament of State.)	
2. Attached is a cert lorida Department o e law of which it is	f State, by the Secretary	authenticated, not more of State or other officia	than 90 days prior to the deliver I having custody of the entity's r	y of this application to the ecords in the jurisdiction und	
igned this	15 day of_	APELL	20		
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	-	Dur Amor D Bring A.	general partner ulthorized Representative	(1) 기	3
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Page 2 of 2

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BH LOGISTICS, LP" 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 SIXTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXBS HAVE NOT BEEN ASSESSED TO DATE.

5517091

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

DATE: 04-16-14