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(1	Requestor's Name)		
(Address)			
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((City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Fiting Officer:			

Office Use Only



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Incorporating Services, Ltd.

1549 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

If you have any questions please contact me at 656-7956,

Sincerely,

FROM Melissa Stops mstops@incserv.com 850.656.7953

850-245-6051		
REQUEST DATE 12/18/2020	PRIORITY Routine	OUR REF_#_(Order_ID#)] 878904
ORDER ENTITY BROADCREST ELEVATOR INVESTI	MENT, LP	
PLEASE PERFORM THE FOLLOW BROADCREST ELEVATOR IN	WING SERVICES: VESTMENT, LP (FL)	
File the attached foreign qualification	ation document	
	minders: jdavis@broadcrest.com	
RETURN/FORWARDING INSTEACCOUNT NUMBER: 12005000005	RUCTIONS:	
Please bill the above referenced ac	count for this order.	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, December 18, 2020 Page 1 of 1

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA Broadcrest Elevator Investment, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 2. Delaware 3 December 9, 2020 State or Country of Formation Date of Formation 4. Federal Employer Identification Number. 85-4287008 5. Name of Registered Agent for Service of Process and Florida Street Address: Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee, FL 32301 6. Thereby 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. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 558 West New England Avenue Suite 250 558 West New England Avenue Suite 250 Winter Park, Florida 32789 Winter Park, Florida 32789 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Broadcr₅#Elevator GP, LLC Name of General Partner: 558 West New England Avenue Suite 250 Street Address: Street Address: Winter Park, Florida 32789 Mailing Address:______ Mailing Address:_____ Name of General Partner: Name of General Partner: Street Address: Street Address:

Mailing Address: _____ Mailing Address: _____

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 day Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	es after the date this document is filed by the Florida Department of State.) the applicable statutory filing requirements, this date will not be listed as the records.
Florida Department of State, by the Secretary of State of the law of which it is openized.	ated, not more than 90 days prior to the delivery of this application to the protection of the protection of the entity's records in the jurisdiction under $\frac{20}{20}$ ther, By Breadcrest Committee Capital Fund, LP, sole member, By: BAM I, LLC,
general partner	ther, By Breadcrest Constitted Capital Fund, LP, sole member, By: BAM I, LLC, ignature of a general partner
The individual signing this document affirms that the fa submitted in a document to the Department of State cor	acts stated herein are true and the individual is aware that false information astitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52,50 \$8.75

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "BROADCREST ELEVATOR INVESTMENT, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROADCREST ELEVATOR INVESTMENT, LP" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204362199

Date: 12-18-20