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### COVER LETTER

TO:	Registration Section Division of Corporations				
	BCP Food Services Group LP				
SUBJ	ECT: Name of Foreign Limited Partne	ership or Limited	i Liability l	limited Partnership	
раппе	nclosed application, certificate of status and fee rship to transact business in Florida. return all correspondence concerning this mat		to register t	i foreign limited partnership or	limited liability limited
J. D	ouglas Sutter				
	Contact Person				
Sut	ter & Kendrick, P.C.				
	Firm/Company				
585	8 Westheimer Road, Suite 6	88			
	Address	···	_		
Ho	euston, Texas 77057				
	City, State and Zip Code				
dsu	tter@ksklawyers.com				
E-m	ail address: (to be used for future annual repor	t notification)	<del></del>		
For fu	rther information concerning this matter, pleas	e call:			
	n Nguyen	<sub>at (</sub> 713	,595 <sub>'</sub>	-6000	
	Name of Contact Person	Area Code	and Daytir	ne Telephone Number	
Enclo	sed is a check for the following amount.				
(\$ \$3	100.00 Fiting Fee	□\$1,052,50 F and Certifi		Z\$1,061,25 Filmg Fee.  Certified Copy, and  Certificate of Status	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314		Division The Co	address: ration Section on of Corporations entre of Tallahassee & Monroe Street, Suite 81	0

Tallahassee, Fl. 32303

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

(Name of Li	Services Group LP mited Partnership or Limited Liabili artnership suffixes - Limited Partnershi ability Limited Partnership suffixes - L	p. Limie	rd, L.P., LP, or Ltd			
If name unavailable,	name under which the limited partners business in Plorida	hip or lii ; must ec	nited liability limited partnership pro ontain acceptable suffix.	poses to reg	ister to t	ransact
<sub>2.</sub> Nevada		:	December 29, 2021			
	te or Country of Formation		Date of Formation			
4. Federal Employer	Identification Number 87-4169	9843	···			
	d Agent for Service of Process and F		treet Address:			
Registered Age	ents Inc.					
7901 4th Stree	t N., Suite 300					
St. Petersburg	, Florida 33702					
<ul> <li>I hereby accept the of all statutes rela- my position as regi</li> </ul>		nance of	act in this capacity. I further agree to my duties, and I am familiar with and istered Agent	) comply wit Luccept the	h the pr obligati	ovisions ons of
a na a larga.	_		iling Address:			
<ul><li>2 Principal Office:</li><li>5555 San Feli</li></ul>	pe Street, Suite 1135		5 San Felipe Street, Suit	e 1135		
Houston, Texa			iston, Texas 77056		2022	
nousion, rex	as / 1000		istori, Toxas i ross		- AON 2202	2
9 If limited partner	ship is a limited hability limited part	 tnership	, check box I		-	
	office address, and mailing address				PH	
	Partner: Chicago Capital Partner			97	ţ.	С
Name of General	5555 San Felipe Street, Suite				9	
Street Address:			Street Address.			
	Houston, Texas 77056					
Mading Address			Marling Address.			<del>_</del>
	Houston, Texas 77056					
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.		
Mailing Address:	Mailing Address:	
11 Effective date, if other than the date of fill (Effective date cannot be prior to nor more than Note: If the date inserted in this block does not adocument's effective date on the Department of	190 days after the date this document is meet the applicable statutory filing requ	filed by the Florida Department of State.)
12. Attached is a certificate of existence duly aut Horida Department of State, by the Secretary of the law of which it is organized.	thenticated, not more than 90 days prior State or other official having custody o	to the delivery of this application to the fifthe entity's records in the jurisdiction under
Signed this 14th day of S	eptember	_
	Var ARA D	Robert A. Behar, M.D. MBA, Manager for the General Partner,
The individual signing this document affirms the	Signature of a general partner at the facts stated herein are true and the	

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817-155, F.S.

\$52,50

\$8.75

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):





### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BCP Food Services Group LP, as a DOMESTIC LIMITED PARTNERSHIP (87A) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/29/2021, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED PARTNERSHIP (87A) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: E202209273035296

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/27/2022.

Barbara K. Cigarste BARBARA K CEGAVSKE

Secretary of State