10/23/2019

12/22023573 From: Kimberly Laughrey

Horida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email	Address:			

FLORIDA LIMITED LIABILITY CO.

BWC Carried Interest, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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OCT 29 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

13 OCT 23 PN 4: 21

ARTICL	EL	- N	a me:
The name	of	thc	Limi

ited Liability Company is:

BWC Carried Interest, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Malling Address:
262 4th Avenue North	P.O. Box 7598
St. Petersburg, Florida 33701	St. Petersburg, Florida 33734

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Troy M. Carnrite, B	radley Arant Boult Cu	mmings LLP_
	Name	
100 North Tampa St	treet, Suite 2200	
Florida street addre	ss (P.O. Box NOI acc	eptable)
Tampa	Florida	33602
City	State	Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: Page 4 of 4

ARTICLE IV	'-	-5 ACT 9 3	PH 4 4
The name and	address of each person	ithorized to manage and control the Limited Liability Company, 007 23	•
<u>Title:</u>		Name and Address:	
"MGR" = Ma	uthorized Member		
MGR		BT & RW, LLC	
		P.O. Box 7598	
		St. Petersburg, Florida 33734	
			
			
•	nt if necessary)		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)