MISOC	DOJ7734		
(Requestor's Name) (Address) (Address)	000277027110		
(City/State/Zip/Phone #)	09/25/1501025003 **125.00		
PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	15 SEP 25 AN 7: 53 SECRETARY OF STATE ALLAHASSEE, FLORIDA		
Office Use Only	SEP 29 2015 Y SULKER		

	COV	ER LETTER	• 2	* *
TO: Registration Section Division of Corporation	ons		•	?
LHF 4 Assets, LL	с			
SUBJECT:		limited Liability Comp	pany	_
The enclosed "Application by F Existence, and check are submit				
Please return all correspondence	e concerning this matter to the	following:		l
Leigh Taylor				
	_			
Amherst				
	Fi	rm/Company	· · · · · · · · · · · · · · · · · · ·	· ·
5001 Plaza o	I			
	<u></u>			
Austin, TX 7	÷			
<u></u> .				
ltaylor@amher	st.com			
For further information concern	ing this matter, please call:			
Leigh Taylor		512 34 at ()	12-3048	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRES Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Div Reg Clif 266	REET ADDRESS: ision of Corporations istration Section ton Building I Executive Center Circle ahassee, FL 32301	 !
Enclosed is a check for the follo \$125.00 Filing Fee	wing amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy	e & 🛛 \$160.00 Filing Fee, of Status & Certified (

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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LHF 4 Assets, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

4. 08/25/2015

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5001 Plaza on the Lake, Suite 200

Austin, TX 78746

(Street Address of Principal Office)

6.	Same	(Breet rudiess of Fillely office)			
U,				- ALC 5	
		(Mailing Address)	<u> </u>	- AHA	11 Papers 4 - 4 11 August
7.	Name and street addres	s of Florida registered agent: (P.O. Box NOT acce	ptable)	25 A) Ifay week
	Name;	Capitol Corporate Services, Inc.			្រា
	Office Address:	155 Office Plaza Drive, Suite A		FLOR	
		Tallahassee	Florida 32301	RID	-

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 complywith 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.

(Zip code)

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

(City)

EPH 2 Assets Equity Owner, LLC - MGRM

5001 Plaza on the Lake, Suite 200

Austin, TX 78746

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)

Signature of an authorized person

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.

Joseph Gatti Typed or printed name of signce

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LHF 4 ASSETS, 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-FIRST DAY OF SEPTEMBER, A.D. 2015.

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



affrey W Budioca, Secretary of State

Authentication: 10099367 Date: 09-21-15

Page 1

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SR# 20150181074 You may verify this certificate online at corp.delaware.gov/authver.shtml