

m16000000446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

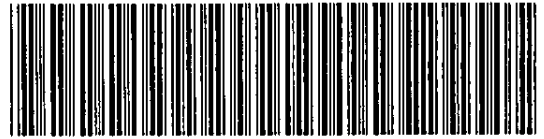
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000281174890

01/20/16--01003--027 **160.00

NOT INITIATED
15 ACHORD/FILE
SUFFICIENCY OF FILING

16 JAN 19 PM 4:34

RECEIVED

FILED

2016 JAN 19 A 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 20 2016

S MASON

CT

January 19, 2016

Secretary of State, Florida
2661 Executive Circle Center
Tallahassee FL 32301

Re: Order #: 9850314 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Secretary of State, Florida :

Please obtain the following:

Congress BHN LLC (DE)
Registration
Florida

Congress BHN LLC (DE)
Certificate of Status-Foreign
Florida

Congress BHN LLC (DE)
Obtain Document - Misc - Certified Copy of Qualification
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

TO: **Registration Section**
Division of Corporations

SUBJECT: Congress BHN LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kim M. Rubin, Esq.

Name of Person

c/o The Congress Group

Firm/Company

33 Arch Street, Suite 1100

Address

Boston, MA 02110

City/State and Zip Code

krubin@krubinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim M. Rubin

617 897-7200

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Congress BHN LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. applied for

(FBI number, if applicable)

4. January 25, 2016

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

5. c/o The Congress Group, 33 Arch Street, Suite 1100, Boston, MA 02110

(Street Address of Principal Office)

6. c/o The Congress Group, 33 Arch Street, Suite 1100, Boston, MA 02110

(Mailing Address)

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name:

CT Corporation System

Office Address:

1200 South Pine Island Road

Plantation

Florida 33324

(City)

(Zip code)

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 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.

(Registered agent's signature)

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

Dean F. Stratouly, authorized representative

Paula S. Phillips, authorized representative

Vincent A. Chiozzi, Jr., authorized representative

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 19 A 7:59

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONGRESS BHN 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-SECOND DAY OF DECEMBER, A.D. 2015.

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

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

5882150 8300

SR# 20151494473

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

Authentication: 10671177

Date: 12-22-15