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(Re	equestor's Name)						
(Ad	ldress)						
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PICK-UP	☐ WAIT	MAIL.					
(Bu	ısiness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						

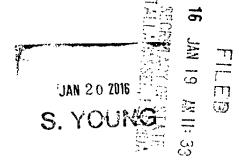
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## CT

January 19, 2016

1. 3

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 BHE LLC (DE)

Registration

Florida

Congress BHE LLC (DE)

Certificate of Status-Foreign

Florida

Congress BHE LLC (DE)

Obtain Document - Misc - Certified Copy of Qualification

Florida

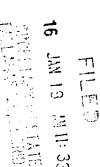
Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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



## COVER LETTER

TO: Registration Section

Divis	ion of Corporation	ns						
SUBJECT;	Congress BHE LL	С						
		Name of Limited Liability Company						
The enclosed " Existence, and	'Application by Fo check are submitt	oreign Limited Liability Con ed to register the above refe	pany for Authoriz renced foreign lim	ation to Transted liability of	sact Business in Florida company to transact bus	a," Certific siness in F	ate of lorida	
Please return a	Il correspondence	concerning this matter to the	e following:					
	Kim M. Rubin	ı, Esq.						
		7	lame of Person		<b></b>	_		
	c/o The Congress Group							
	Firm/Company					-		
	33 Arch Street, Suite 1100				ر اورن است اورن الم	<u></u>		
	Address					<u>.</u> .		
	Boston, MA 02	2110					-	FILES
•		City/S	State and Zip Code				9	IT
krubin@krubinlaw.com						۱ - شر بر	9 #111:33	ل ا
		E-mail address: (to be use	d for future annual	report notifi	cation)	- 537	<del></del>	
For further info	rmation concerning	g this matter, please call:				3	డు	
Kim M	M. Rubin		617 at (	897-7200				
· · · · · · · · · · · · · · · ·	Name o	of Contact Person	Area Code	Daytin	ne Telephone Number	<del></del>		
Divisio Regista P.O. B	JNG ADDRESS; on of Corporations ration Section tox 6327 assee, FL 32314			Registration Clifton Buil	Corporations Section ding tive Center Circle			
	neck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsize \text{\$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy		■ \$160.00 Filing Fee, Co of Status & Certified Co			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA.

· 4

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Congress BHB 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.E.C," or "LLC.") Delaware applied for (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized) 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) c/o The Congress Group, 33 Arch Street, Suite 1100, Boston, MA 02110 (Street Address of Principal Office) 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) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 complete performance of my duties, and I am familiar with and uccept 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 affithe certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) ithorized person This document is executed in accordance with section 665.0203 (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.

Typed or printed name of signes

Dean F. Stratouly

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CONGRESS BHE 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.

FILLE 1 33

at corn delaware gov/au

Authentication: 10671129

Date: 12-22-15

5882144 8300 SR# 20151489132