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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dasiness Entry Name)				
(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2016

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: ALCHEMY - ABR - BCP GARDENS LLC

Ref. Number: W16000016609

We have received your document for ALCHEMY - ABR - BCP GARDENS LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 116A00004596

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/4/16

NAME:

ALCHEMY - ABR - BCP GARDENS LLC

TYPE OF FILING: APPLICATION

COST:

160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HO

COVER LETTER

	Registration Section Division of Corporations			
SUBJECT: .Alchemy - ABR - BCP Gardens LLC Name of Limited Liability Company				
	(Antid Of to	namen crapanty Company		
The enclo	osed "Application by Foreign Limited Liability Compe e, and check are submitted to register the above referer	my for Authorization to Tra seed foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida	
Please rot	turn all correspondence concerning this matter to the fi	nllowing:		
Name of Person				
Capitol Services - Corporate Filings Team				
Pirm/Company				
206 E 9th St, Ste 1300				
Address				
Austin TX 78701				
City/State and Zip Code				
elevina@ssrga.com E-mail address: fto be used for future annual report notification)				
For further information concerning this matter, please call:				
-	Name of Contact Person	- ⁸¹ (rime Telephone Number	
_		_	·	
	MAILING ADDRESS: Division of Corporations		ADDRESS:	
			Division of Corporations Registration Section	
	P.O. Box 6327	Clifton B		
T	Talishessee, FL 32314	2661 Exc	coudvo Center Cirole Ice, FL 32301	
	is a check for the following amount: \$\frac{1}{125.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	S160.00 Filing Pec, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 603.0902, PLORIDA STATUTIES, THE POLLONING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRAINSACT BUSINESS IN THE STATE OF FLORIDA: \ 1. Alchemy - ABR - BCP Gardens LLC
(Name of Foreign Limited Hability Company, rount include "Limited Hability Company," "LLC," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Piorids. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C." Delaware (Jurisdiction under the law of which foreign limited liability commany is organized) (FEI number, if applicable) Upon filing (Date first transacted business in Florids, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 641 Lexington Aveunue, 32 floor New York, NY 10022 (Street Address of Principal Office) 6. 641 Lexington Avenue, 32 floor New York, NY 10022 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: Office Address: 155 Office Plaza Dr Ste A , Plorida <u>323</u>01 Tallahassee (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 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. Krista Ali, Asst. Secretary on behalf of Capitol Corporate Services, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Alchemy-ABR-BCP Gardens GP, LLC, managing member, 641 Lexington Ave, New York NY 10022 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 en 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 follows as provided for in s.817.155, P.S.

Joel Breitkopf, manager of Alchemy-ABR-BCP Gardens GP, LLC
Typed or printed name of signor

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALCHEMY - ABR - BCP GARDENS 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 FOURTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCHEMY - ABR - BCP GARDENS LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2015.

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

at corp.delaware.gov/autl

Authentication: 201930805

Date: 03-04-16

5908241 8300 SR# 20161488823

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