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SECRETARY OF STATE STATE STATE STATE STATE S

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

FOREIGN FILINGS

NAME: BRIDGEINVEST FUND GP LLC

XXXX QUALIFICATION (TYPE: LLL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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:

<i>companytotransactb</i> c _{1.} BRIDGEINVEST1	SINESS INTHE STATE OF FLORIDA: FUND GP LLC		
(Name of Fore	eign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.	," or "LLC.")
	ternate name adopted for the purpose of transacting	business in Florida. The alternate	e name must include "Limited
Delaware		502077	
~ .	of which foreign limited liability	eable)	
4. Upon Filing			
T	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to 6	f prior to registration.)	
5. 2601 South Baysth	ore Drive, Suite 1460		
Miami, FL 33133			—
0.01.0	(Street Address of Principal Office	e)	
6. 2601 South Baysth	ore Drive, Suite 1460		CHETARY LAHASSI OCT 28
Miami, FL 33133			88 88 88 88 88 88 88 88 88
	(Mailing Address)		- A MO
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT	Cacceptable)	
Name;	Corporation Service Company		9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Office Address:	1201 Hays Street		
•	Tallahassee	, Florida 32301	
Registered agent's accep	(City)	(Zip code	2)
designated in this applica to complywith the provisi	gistered agent and to accept service of proces tion, I hereby accept the appointment as regi ons of all statutes relative to the proper and c my position as registered agent.	stered agent and agree to act i	in this capacity. I further agree
	(Registered agent's signal	gnature)	Asst. Vice President
8. The name, title or capa BridgeInvest LLC, So	ncity and address of the person(s) who has/have	e authority to manage is/are:	
2601 South Baysthore	e Drive, Suite 1460		
Miami, FL 33133			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in ubmitted)	uthenticated by the official hav a foreign language, a translation	ring custody of records in the on of the certificate under oath
	Signature of an authorize	ed person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), I the Department of State constitutes a third department	Florida Statutes. I am aware tha gree felony as provided for in s	it any false information .817.155, F.S.
	Alex Horn, Author	ized Person	

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIDGEINVEST FUND GP 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-SEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIDGEINVEST FUND GP LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2016.

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



6096720 8300

SR# 20166395095 You may verify this certificate online at corp.delaware.gov/authver.shtml Authentication: 203239141

Date: 10-27-16