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Division of Corporations

Fax Number : (850)617-6383

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Account Name : CAPITOL SERVICES, INC. CEIVED

**Enter the email address for this business entity to be used for future er the email address for this business there are annual report mailings. Enter only one email address please.

[
Foreign	Limited	Liability	Compa	nv

BF LEASECO, LLC

Certificate of Status	0
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Corporate Filing Menu

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FEB 0 7 2018

Y SULKE?

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $_{\perp}$

IN COMPLIANCE WITH SECTI COMPANYTO TRANSACT BUS	ION 608.0902, FILORIDA STATUTES, THE FOLLA INESS IN THE STATE OF FLORIDA:	OWING IS SUBMITTED TO RE	EGISTER A FOREIGN LIMITED LIABILITY	
	imited Liability Company; must include "Limited Lia	·		
(Name of Foreign L	imited Liability Company; must include "Limited Lia	ibility Company," "L.L.C.," or "I	.i.c.')	
(If name unavailable, enter alternate can	ne adopted for the purpose of transacting business in Florida.	it The alternated name must include "Limi	ted Liability Company," "LLC," or "LLC,")	
₂ Texas		2		
(furlidiction under the law of white	th foreign limited flability company is organized)	(F	El number, if applicable)	
4				
	(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, F.S. to determine pe	matry Eability)		
5. 777 Main Street, Suite 700 (Street Address of Principal Office)		6		
Forth Worth, Texas	•			
7. Name and street address	of Florida registered agent: (P.O. Box No.	OT_acceptable)		
Name:	Capitol Corporate Services, Inc.			
Office Address:	515 East Park Avenue 2nd Fl			
	Tallahassee	, Florida 323	01	
	(City)	, Florida <u>525</u>	Zip code)	
to comply with the provision	ion, I hereby accept the appointment as re ons of all statutes relative to the proper an of my position as registered agent.	d complete performance of Kim Tadlock, As	f my duties, and Fam familiar with . sistant Secretary on	
,	(Registered agent's signs			
8. The name, title or capac	city and address of the person(s) who has/h	ave authority to manage is	/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Co-President	Grant Martin	Secretary	Trent Stout	
	777 Main Street, Suite 700		777 Main Street, Suite 700	
	Forth Worth, TX 76102		Forth Worth, TX 76102	
Co-President	Blair Silverberg	Treasurer	Adam C. Blum	
	777 Main Street, Suite 700		777 Main Street, Suite 700	
(Use attachments if necess	Forth Worth, TX 76102		Forth Worth, TX 76102	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is abmitted)	i in a foreign language, a tr	anslation of the certificate under oath	
10. This document is execu	ited in accordance with section 605.0203 (1) (b), Florida Statutes. I an	n aware that any false information	
submitted in a document to	the Department of State constitutes a third	/ Blair Silverberg	tot iii 5.817.155, 1.5.	
		n authorized person		
	- " '			
!	Blair Silverberg	sted name of signee		
	1 y post at last			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

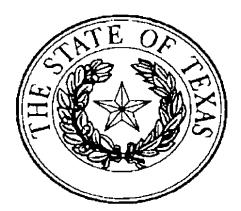
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for BF LeaseCo, LLC (file number 802851241), a Domestic Limited Liability Company (LLC), was filed in this office on November 02, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed menamer-

officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 38, 2018.

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Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

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