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Foreign Limited Liability Company ALCHEMY-ABR-BCP BROKEN SOUND 1, LLC

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COVER LETTER

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SUBJECT: A	chemy-ABR-	BCP Broken Sound 1	LLC	Company				
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The enclosed "A Existence, and c	Application by For theck are submitte	reign Limited Liability Comp ed to register the above refere	enced foreign limit	non to 1 ra ed liability	company to transact busine	ess in Florida.		
Picase return all	correspondence o	concerning this matter to the	following:					
		N. N.	ame of Person					
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Capitol Services - Corporate Filings Team								
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Kim Tadlock 8004323622

Brian Ray

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: 1 Alchemy-ABR-BCP Broken Sound 1, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, outer alternate name adopted for the purpose of transacting besiness is Florida. The alternate name must include "Limited Limitity Company," "L.L.C." or "LLC.") Delaware (Fill number, if applicable) (Imiseliction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. Alchemy-ABR Investment Partners Aichemy-ABR Investment Partners (Street Address of Principal Office) (Mailing Address) BOO Third Ave. 22nd Fi 800 Third Ave, 22nd Fl NY, NY 10022 NY, NY 10022 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue 2nd Fl Office Address: Tallahassee 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. Kim Tadlock, Assistant Secretary on Kim Tadlock behalf of Capitol Corporate Services, Inc. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: **Authorized Signatory** Brian Ray 800 Third Ave, 22nd FI NY, NY 10022 (Use attachments if necessary) 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) 10. 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 felony as provided for in s.817.155, F.S.

Typed or printed name of signer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALCHEMY-ABR-BCP BROKEN SOUND 1, 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 SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCHEMY-ABR-BCP"
HROKEN SOUND 1, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D.
2018.

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

7006500 8300 SR# 20186489310

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

MSQC.

Authentication: 203359235

Date: 09-04-18