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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
| (Basament Namber) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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S. PRATHER



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 12/11/2018 | |
|---|--------------------|-----------------|
| | MICHAEL PETERSON | |
| Reference # | 1023839 | _ |
| Entity Name | EASTERN BUEL | TON MANAGER LLC |
| Ame Char Rein Conv Merg Disso | olution/Withdrawal | |
| U Othe | r | |
| Authorized | Amount: \$125.00 | |

F: +852.2682.9790

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 HABILITY COMPANY TO TRANSPORT BUSINESS IN THE STATE OF FLORIDA:

| Eastern Buellton Mana | ger LLC | | | | |
|---|--|-----------------------------|---|---------------|-------------|
| - | | | | 型 記 | 2018 D |
| (if name emavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | orida. The a | ternate name unus ischide "Lünited Linfölity Company," "I | LiftC,For "LL | Z ES |
| California | | 3. | | 27.1 | |
| (Intradiction under the law of w | (Date first measured baskers in Florida, if prior in registration) (See sections 605,0901 & 605 0905, F.S. to determine penalty liability) ark Drive Suite 1500 differs of Principal Office) Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee 32301 | | | | |
| 4. | _ | | | ing: | 9. |
| | (Date first transacted business in Florida, if prior to (See sections 605,0901 & 605,0905, F.S. to determ | registration inc penalty |) kability) | | ည |
| One Marina Park Drive | | 6 | | | |
| 5. (Street Address of F | rinepal Office) | 0. | (Mailing Address) | | _ |
| Boston, MA 02210 | | | | | |
| | | | | | - |
| 7. Name and street address | s of Florida registered agent: (P.O. Box | NOT : | acceptable) | | |
| Name: | Cogency Global Inc. | . , | | | |
| Office Address: | | | | | |
| | Tallahassee | | 32301 , Florida | | |
| | (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 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.

Justil Tollwer, asst. Securary
(Arginered agent's signature)

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| Manager | Raymond M. Murphy | |
|--------------------------------------|---|--|
| | One Marina Park Drive, Suite 1500 | |
| | Boston, MA 02210 | |
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| attachments if necessary) | | (L) |
| ached is a certificate of existence, | no more than 90 days old, duly authenticated by the official having cu organized. (If the certificate is in a foreign language, a translation of t | istody of records in he certificate under |
| nis document is executed in accord | lange with section 605.0203 (1) (b), Florida Statutes. I am aware that a peri of State constitutes a third degree felony as provided for in s.817.1 | ny false informatio 55. F.S. |
| ma ma document jo die Departit | M | , |
| <u> </u> | Signatury of an authorized person | |

State of California

Secretary of State CERTIFICATE OF STATUS

ENTITY NAME: EASTERN BUELLTON MANAGER LLC

FILE NUMBER:

201509610124 04/06/2015

FORMATION DATE: TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 7, 2018.

ALEX PADILLA
Secretary of State