# IHOUDPIN

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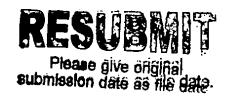


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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2019

CSC

SUBJECT: BREIT TH MHC HOLDCO LLC

Ref. Number: W19000006639

2119 14 17 70

We have received your document for BREIT TH MHC HOLDCO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 219A00001444

TALLA SECTIVED

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

ACCOUNT NO. : I2000000195

REFERENCE : 588636 8182938

AUTHORIZATION : Simulo &

COST LIMIT : \$125.00

ORDER DATE: January 16, 2019

ORDER TIME : 5:40 PM

ORDER NO. : 588636-015

CUSTOMER NO: 8182938

#### FOREIGN FILINGS

NAME: BREIT ORANGE MANOR MHC LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### **COVER LETTER**

TO:

TO:		ation Section of Corporation	ns				
SUBJE		EIT Orange Mar	nor MHC LLC				
			Name of	Limited Liability	Company		_
			reign Limited Liability Com d to register the above refer				
Please i	return all o	correspondence o	concerning this matter to the	following:			
		Leslie M. Robe	elly				
			N	ame of Person			
		Revantage Corp	porate Services				
			F	irm/Company			<del></del>
		222 S. Riversid	le Plaza			5. ,	
				Address			_
		Chicago, IL 60	606				
			City/S	tate and Zip Code			<del></del>
	1	lrobelly@revanta	age.com				,
	-		E-mail address: (to be use	d for future annua	report not		·
For furt	ther inform	nation concernin	g this matter, please call:			. PA 	5
	Leslie N	И. Robeily		312 at (	466-317 )	76	
		Name o	of Contact Person	Area Code	Day	time Telephone Number	<u>~,</u>
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 (see, FL 32314	;		Division of Registratic Clifton Biggs 2661 Execution 2661 Execution Execution 2661 Execution Execution 2661 Execution Execution 2661 Execution Exe	of Corporations on Section	D ) 당 20
Enclose		ck for the follow .00 Filing Fee	ring amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, of Status & Certified (	

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

IN COMPILANCE 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:

une unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida	The alternate name must include "Limited	Liability Company," "L.L C," or "LLC."]
Delaware		3. Applied For	
	hich foreign limited liability company is organized)		number, if applicable)
	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine p	stration.)	2919
222 S. Riverside Plaza	•	some os principal	
(Street Address of I		6. Same as principal (Mailing)	Address)
Chicago, IL 60606			
c/o Leslie Robelly			· · · · · · · · · · · · · · · · · · ·
			<u>.</u>
Name and street addres	is of Florida registered agent: (P.O. Box $N$	OT acceptable)	<del>ارة</del> دع
Name:	Corporation Service Company		0
	1201 Hays Street		
Office Address:		<u> </u>	
	Tallahassee	, Florida <u>32301</u>	code)
istered agent's accep	tance:		و سبه درسو
gistered agent's accep ving been named as re		·	ted liability company at the p
ving been named as re	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re	cess for the above stated limi	
ving been named as re signated in this applica	gistered agent and to accept service of pro	cess for the above stated limi egistered agent and agree to c	act in this capacity. I further
wing been named as resignated in this applica comply with the provise	gistered agent and to accept service of pro tion, I hereby accept the appointment as re ions of all statutes relative to the proper an s of my po <u>sit</u> ion as registered agept:	ocess for the above stated limi egistered agent and agree to d ad complete performance of n	act in this capacity. I further ny duties: and I am familiar
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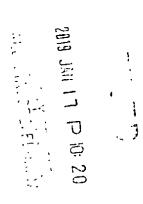
Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BREIT TH MHC HOLDCO 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-SECOND DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BREIT TH MHC HOLDCO LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2018.

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





Authentication: 203295426

Date: 08-22-18