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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

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Foreign Limited Liability Company CREA Partners II Holdings, LLC

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K SALY MAR 18 2019

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

IN COMPLIANCE WITH SECTION (15 (1602-17 ORIDA STATUTES THIC POLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CREA PARTNERS II HOLDINGS, LLC (Name of Fareign Limited Country Company, must include "Limited Erability Company," "L.L.C.," or "LLC.") Of more uses adobte, onter afternate name adopted for the purpose of transacting business in Florida. The afternate raine must include "Limited Linkelity Company," "L.L.C." or "LLC." DELAWARE 82-2474922 2. (Hersidentian raider the law of which kinetigs hirited habitity coursests is experient) (Date first transacted business of Florida, if prior to registration.)
They services 605 (1904 & 605 (2005)) to determine penalty inh iny.) 1601 S. MOPAC EXPY 1601 S. MOPAC EXPY (Street Address of Practical Office) **SUITE 175** SUITE 175 **AUSTIN, TX 78746** AUSTIN, TX 78746 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.

C T Corporation System		Michael Jones
	127 3	Assistant Secretary
		sycul's samabure)

19 MAR 16 AM 3-41

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to. manage [up to six (6) total]:

Title or Capacity: ⊠Manager ∐Member	Name and Address: CREA PARTNERS II, L.P. Name: 1601 S. MOPAC ENPY	Title or Capacity: Manager Member	Name and Address: Name: CREA PARTNERS II Management, LP Address: 1601 S. MOPAC EXPY
Authorized Person	SUITE 175, AUSTIN, TX 78746	Authorized Person	SUITE 175, AUSTIN, TX 78746
Other		Other	Other
Manager	Name: BRENT D. HEATH	Munuger	Name:
Me:nber	Address: 1601 S. MOPAC EXPY	Member	Address:
⊠Authorized	SUITE 175, AUSTIN, TX 78746	Authorized	
Person	VICE PRESIDENT	Person	
Other	Other	[]Other	[]Other
☐Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
[]Other	Other	[]Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 fellow as provided for in s.817.155, F.S.

Signature of an authorized person

BRENT D. HEATH, VICE PRESIDENT OF CREA PARTNERS II HOLDINGS, LLC
Typed or princed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREA PARTNERS II HOLDINGS, 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 SIXTH DAY OF FEBRUARY, A.D. 2019.

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



6511709 8300

SR# 20190775497

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

Juffrey W. Bufface, Successary of State

Authentication: 202210956

Date: 02-06-19