1/9/2020   Division of Corporations

H20000000396

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000010076 3)))

H200000100763A8CQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : C T CORPORATION SYSTEM
        Account Number  : FCA000000023
        Phone           : (614)280-3338
        Fax Number      : (954)208-0845

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

   Email Address:_____
```

FILED 2020 JAN -9 A 11:12 SECRETARY OF STATE TALLAHASSEE FLORIDA

Foreign Limited Liability Company
Birch Hill Capital Group, LLC

Certificate of Status	0
Certified Copy	4
Page Count	01
Estimated Charge	$245.00

2020 JAN -9 PH 4: 50

Electronic Filing Menu   Corporate Filing Menu   Help

JAN 10 2020

T. LEMIEUX

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. BIRCH HILL CAPITAL GROUP, LLC
   (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

BIRCH HILL PROPERTIES GROUP, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. NEW YORK
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
   (FEI number, if applicable)

4. _____
   (Date first transacted business in Florida, if prior to registration.)
   (See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 31 CHESHIRE LANE
   (Street Address of Principal Office)

   SCARSDALE, NY 10583

6. 31 CHESHIRE LANE
   (Mailing Address)

   SCARSDALE, NY 10583

7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)

Name:	C T Corporation System
Office Address:	1200 South Pine Island Road
	Plantation , Florida 33324
	(City) (Zip code)

FILED
2020 JAN -9 A 11: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

By: _____ C T Corporation System
   (Registered agent's signature)
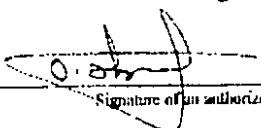
Lindsay Plummer
Assistant Secretary

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:	Name and Address:	Title or Capacity:	Name and Address:
☑ Manager	Name: _Olumuyiwa Obasanjo_	☐ Manager	Name: _____
☐ Member	Address: _31 CHESHIRE LANE_	☐ Member	Address: _____
☐ Authorized	_SCARSDALE, NY 10583_	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 felony as provided for in s.817.155, F.S.

Signature of an authorized person

OLUMUYIWA   OBASANJO
Typed or printed name of signee

H1567 - 6/25/2019 Wolters Kluwer Online

State of New York
Department of State   } **ss:**

I hereby certify, that BIRCH HILL CAPITAL GROUP, LLC a NEW YORK Limited
Liability Company filed Articles of Organization pursuant to the Limited
Liability Company Law on 11/07/2017, and that the Limited Liability
Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such
Limited Liability Company.

***

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of January
two thousand and twenty.*

Brendan C. Hughes
Executive Deputy Secretary of State

202001090257 · SX