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To:

Division of Corporations

Email Address:_

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 : (305)520-2344 Fax Number : (305)520-2400

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.

Foreign Limited Liability Company **BLH Capital & Management Services LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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COVER LETTER

TO: Registration Section
Division of Corporations

١,

BLH Capital & Management Services LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jessica Perez				
Name of Person				
Firm/Company				
700 NW 1st Avenue, Suite 1620				
Address				
Miami, FL 33136				
City/State and Zip Code				
jessica.perez@feci.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Jessica Perez

...305

520-2366

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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:

Name of Foreign Limited Liability Con	pany, must include	: "Limited Liability Compa	iny," "L.L.C.," or	1.LC.')
f name unavailable, enter alternate name adopted for	the purpose of trans	sacting business in Florida	. The alternate пап	ne must include "Limited
ability Company," "LLC," or "LLC.") Delaware		85-357370)9	
(Jurisdiction under the law of which foreign limited company is organized)	liability 3.	(FEI)	number, if applicab	ile)
(Date first trans (See sections 605.	acted business in Flo 904 & 605.0905, F.	orida, if prior to registratio .S. to determine penalty lia	n.) ibility)	
161 NW 6th Street, S				
Miami, FL 33136				
404 104 00 00 0	(Street Address of	•		
161 NW 6th Street, S	uite 900			
Miami, FL 33136				
	(Mailing	Address)	· · · · · · · · · · · · · · · · · · ·	
7. The name, title or capacity and addre	ss of the persor	n(s) who has/have a	uthority to ក្បែង	nage is/are:
atrick W. Goddard (P); Jeffrey C. Swiatek (CFO, VP	; Gary L. Smith (VP,	, Chief Accounting Officer)	161 NW 6 St, Sie 9	900, Mierni, FL 33136
Kolleen Cobb (VP, AS); Juan (Rusty	Godoy (VP);	700 NW 1st Ave,	Ste 1620, M	ami, FL 33 /13 6
Cynthia Bergmann (VP, S, Gene	ral Counsel);	161 NW 6 St, S	te 900, Mijai	mi, Fal. 33136
				188
 Attached is an original certificate of e aving custody of records in the jurisdic eceptable. If the certificate is in a foreig just be submitted) 	ion under the la	aw of which it is org	ganized. (A ph	otocopy is not
	(· · · ·	cusigned by: Lun Colob		
		autworized person		_
		utes an affirmation under the		

Kolleen O.P. Cobb, Vice President

Typed or printed name of signee

DocuSign Envelope ID: E86CB4F1-30B3-4C0B-ACF4-4AADB9D23355

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

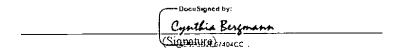
l.	The name	of the	Limited	Liability	Comp	any is:
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BLH Capital & Management Services LLC

If unavailable,	the alterna	ate to be used in the state of Florida is:	
2. The name a	nd the Flo	rida street address of the registered agent and office are:	
	Cyn	thia Bergmann	
	161	NW 6th Street, Suite 900 Florida Street Address (P.O. BOX NOT ACCEPTABLE)	
	Miami	33136	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

City/State/Zip



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLH CAPITAL & MANAGEMENT SERVICES LIC"

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 OCTOBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLH CAPITAL & MANAGEMENT SERVICES LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203915267

Date: 10-22-20

3941895 8300 SR# 20207971554