Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HOLLAND & KNIGHT LLP
Account Number : 12000000112
Phone : (305)789-7758 : (305)789-7799 Fax Number

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

Email Address: cmolnar@chsngt.com

Foreign Limited Liability Company

CHS Management, LLC forced CHS Management California

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Certificate of Status	0
Certified Copy	1
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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:

CHS Management, LL					
(Nixme of Foreign	Climited Limitity Company, must include "Limite	zi Linbikty	Company," "L.L.C.," or "LLC.")		
CHS Management Cali	fornia, LLC				
(If name unavailable, enter alternate t	name adopted for the purpose of transacting business in F	lorida. The ai	ternate turne must include "Limited Link	nlity Company," "L	J.C," or "J.LC.
California			27-1504073		
2. (Jurisdiction under the law of w	high foreign limited liability company is organized)	3.	(FEI number	r, if applicable)	~~
Upon qualification 4.					2523 KOV
T	(Date hist transacted business in Florida, if prior to [See sections 605 0904 & 603,0905, F.S. to dotten	ino penalty i	ability)		~
440 Royal Palm Way	· 1		P.O. Box 2226		1
5. (Street Address of Principal Office)		٠, ـ	(kiniling Address)		-
Suite 203		_		۲ <u>ک</u>	<u></u>
Palm Beach, FL 33480)	,	Palm Beach, FL 33480	5.	
	· · · · · · · · · · · · · · · · · · ·	-			· · ·

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

Name:	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee	ı	32301		
		(CXy)	(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.

Ronique Raysor : Ronique Raysor (Assistant Secretary)

To: Page 3 of 4

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(((11200003969623)))

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
□Manager	Name: Catherine A. Molnar		Name:	
⊡Member	Address: 440 Royal Palm Way		Address:	
□Authorized	Suite 203			
Person	Palm Beach, FL 33480	Person		<u> </u>
同Other	ctor Other	Other		Other 7
☐ Manager ☐ Member ☐ Authorized	Name:		Name:	
Person		Person		
[]Other	□Other	Othet		□Other
□Manager	Name:	⊡Manager	Name:	
□Member	Address:	□Meinber	Address: _	
□Authorized	1			
Person		Person	· .	

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.

Other.

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)

Other.

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.

Catherine a. Molnar	
Catherine A. Molnar	

□Other



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

CHS MANAGEMENT, LLC **Entity Name:**

File Number: 200936210127 Registration Date: 12/21/2009

DOMESTIC LIMITED LIABILITY COMPANY **Entity Type:**

Jurisdiction: **CALIFORNIA**

Status: ACTIVE (GOOD STANDING)

As of November 16, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No Information is available from this office regarding the financial condition, status of licenses, if any, 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:November 17, 2020. -

ALEX PADILLA Secretary of State

Certificate Verification Number: ZNW5JKZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at behizfile.sos.ca.gov/certification/index.