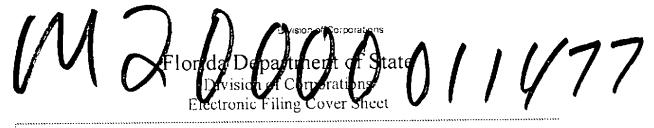
12/10/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Phone Fax Number : (850)558-1515

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

Email Address:__

Foreign Limited Liability Company BTH II RESIDENTIAL, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BTH II Residential, LL	С				
(Name of Foreign	Lunited Liability Company, must include "Lunite	d Liability	Company," "L L C ," or "LLC.")		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fi	lorida The	siternate name must include "Limited Liability Co	mpany," "L L C," or "LLC "	
Delaware		3.	85-4083731		
2. (Junsdiction 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 (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty) liabdity)		
c/o TZP Group, LLC 5.			c/o TZP Group, LLC		
Street Address of Principal Office)			(Mailing Address)		
7 Times Square, Suite	4307		7 Times Square, Suite 4307		
New York, NY 10036			New York, NY 10036	~2	
7 Name and street address	s of Florida registered agent. (P.O. Box	NOT a	cceptable)		
7. Ivanie and <u>succe address</u>	of 1 tottom regimered agents (1.0. box	· <u></u> .	ocepiaolo)		
	Corporation Service Company			Ċ.	
Name:					
Office Address:	1201 Hays Street			ф	
	Tallahassee		32301 , Florida	ű	
	(Cay)		(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.

	orporation Service Con	apany		
By: Francisch	kutarun	Elizabeth Kitchen, Assistant Secretary		
(Registered agent's signature)				

DocuSign Envelope ID: EDBFF7CF-22A5-433A-B500-DA4088AB2B17

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

Title or Capacity:	Name and Address: TZP Group Investments, L.P.	Title or Capacity:	Name and Address: TZP Group Holdings, L.P
□Manager	Name	□Маладег	Name:
⊠Member	Address:	Member	Address:
□Authorized	New York, NY 10036	□ Authorized	New York, NY 10036
Person		Person	
Other	Other	□Other	Other
□Manager	Name.	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	23
□Other	Other	Other	,q
			10
□Manager	Name.	□Manager	Name.
□Member	Address,	□Member	Address.
□Authorized		□Authorized	
Person	<u> </u>	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.

Doug Pale	
4C29C38BD715409 .	Signature of an authorized person
Doug Dale	
	Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BTH II RESIDENTIAL, 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BTH II RESIDENTIAL, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2020.

OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204276627

Date: 12-09-20

4191691 8300 SR# 20208605346