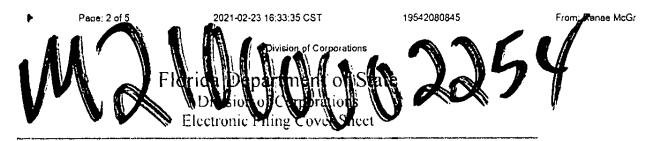
To: 18506176383 ·

2/23/2021



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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

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## Foreign Limited Liability Company YF FC Operations, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help



From: Ranae McGri

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

2021-02-23 16:33:35 CST

YF FC Operations, LLC				
(Name of Foreign	Limited Liability Company; mass include "Limited	Liability Compar	iy," "L.L.C. "or "L.L.C.")	
ine mayailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alternate r	name must include "Limited Lisbrity Compu	iv." L.L.C." or "LLC ")
ELAWARE				
(Jurisdiction under the law of which foreign limited hability company is organized)		3	(I I:) number, if applicable)	
July Steffell delice for act of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration )	<del>_</del>	
/ mnoulabove o	•	, - ,	DOLLODOVE CADETAL LD	
e/o BIRCH GROVE C		6.	RCH GROVE CAPITAL LP	
Address of Principal Office)		t.N	failing Address)	<u></u> -
660 MADISON AVEN	RUE, 15TH FLOOR	660 M	ADISON AVENUE, 15TH FL	OOR —
NEW YORK NAVIOUS		NEW YORK, NY 10065		` `
NEW YORK, NY 100 	···		101111111111111111111111111111111111111	<del></del>
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	<del>;</del>
varic ino <u>street addre</u>	to the first registered agents (1.5) tool	<u> </u>		<i>J</i> 1
	C T Corporation System			<u>-</u> '
Name:				
	1200 South Pine Island Road			
Office Address:				
Office Address:	Plantation		33324	
Office Address:	Plantation (Cry.)		, Florida (Zip code)	

From: Ranae McGri

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]:

2021-02-23 16:33:35 CST

litte or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: YF FC Acquisition, LLC	□Manager	Name:	
⊠Member	Address:C/o Birch Grove Capital LP	□Member	Address:	
∐Authorized	660 MADISON AVENUE, 15TH FL	ElAuthorized		
Person	NEW YORK, NY 10065	Person		
Other	∏Other	□Other		□ Other
∐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
∐Other	□()ther	Other	<del></del>	□Other
				.5
∐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	∐Other	Other	<del></del>	□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 felony as provided for in s.817.155, F.S.

	R1/
	Synature of an authorized person
Brian Vahaly	
	Typed or printed name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "YF FC OPERATIONS, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021.

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

at corp delawate gov/authy

Authentication: 202575688

Date: 02-23-21