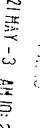
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COW HOLLOWMANAGEMENT CO. LLC

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TO:

TO:	Registration Section Division of Corporations	
eun in	Cow Hollow Management Co. LLC	<u> </u>
SUBJE	Name of L	imited Liability Company
The enc Existen	losed "Application by Foreign Limited Liability Comp ce, and check are submitted to register the above refere	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida
Please r	eturn all correspondence concerning this matter to the	following:
	D	フ .,
	ALAN 1. 4	IMMERMAN
	NE	me of Person
		1ANAGEMENT CO., LLC
	Fi	rm/Company
	P.O. Box 470	0068
		Address
	San FRANCISCO	2 A 94147 tate and Zip Code
	ATTYCFO @ AC	Tor future annual report notification)
	·	, , , , , , , , , , , , , , , , , , ,
For fur	ther information concerning this matter, please call:	
,	ALAN P. ZIMMERMAN Name of Contact Person	at (415) 922-3102
•	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR	IMENT OF STATE
	■ \$125.00 Filing Fee	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate trus Certified Copy of Status & Certified Copy

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:

Cow Hollow Management Co.,LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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.") California (Jurisdiction under the law of which foreign limited bability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 1904 & 605 1995. F. 5. to determine penalty hability) 94123 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassee 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 dutles, and I am familiar with and accept the obligations of my position as registered agent. See attached

(Registered agent's signature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Monic K, Zimmerman Name: Alan P. Zimmerman ■Manager ■ Manager Address: P.O. Box 470068 K.D. Box 470062 **■**Member SAN FRANCISCO, CA Authorized ■ Authorized Person Person □Other___ □ Other____ ..._ Other____ □Other Name: □Manager Name: □Manager Address: ☐ Member Address: ☐ Member ☐ Authorized ☐ Authorized Person Person □ Other _____ □Other_____ . **Other_____** ☐Other _____ Name: _____ □ Manager Name: ☐Manager Address: ______ Address: _____ ☐ Member ☐ Member ☐ 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. 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 regree felony as provided for in s.817.155, F.S.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 05/03/2021

ENTITY NAME: Cow Hollow Management Co., LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: COW HOLLOW MANAGEMENT CO., LLC

 File Number:
 200714910228

 Registration Date:
 04/23/2007

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of April 26, 2021 (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 April 27, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Z21294R

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