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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**Enter the email address for this business entity to be used for future
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Foreign Limited Liability Company
Henley Car Wash GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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FILE FIRST

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S. HAWKES

APR - 2021

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

IN COMPLIANCE WITH SECTION 625.0912, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Henley Car Wash G.P. LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. March 11, 2022
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 33 Arch Street, 30th Floor
(Street Address of Principal Office)
Boston, MA 02110
6. 33 Arch Street, 30th Floor
(Mailing Address)
Boston, MA 02110
Attention: Garrett Solomon

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

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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.

By: C.T. Corporation System Stephanie Henz Stephanie Henz
Assistant Secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Henley Property Investments UK</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Garrett Solomon</u>
<input checked="" type="checkbox"/> Member	Address: <u>First Floor, 50 Grosvenor Hill</u>	<input type="checkbox"/> Member	Address: <u>30 Arch Street, 30th Floor</u>
<input type="checkbox"/> Authorized	<u>London, W1K 3QT, UK</u>	<input type="checkbox"/> Authorized	<u>Boston, MA 02110</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: <u>Ian Rickwood</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Priyan Manatunga</u>
<input type="checkbox"/> Member	Address: <u>c/o Henley Investment Manager</u>	<input type="checkbox"/> Member	Address: <u>Henley Investment Management</u>
<input type="checkbox"/> Authorized	<u>First Floor, 50 Grosvenor Hill</u>	<input type="checkbox"/> Authorized	<u>First Floor, 50 Grosvenor Hill</u>
Person	<u>London, W1K 3QT, UK</u>	Person	<u>London, W1K 3QT, UK</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: <u>William Birkins</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Emma Rickwood</u>
<input type="checkbox"/> Member	Address: <u>150 Second Avenue, North</u>	<input type="checkbox"/> Member	Address: <u>c/o Henley Investment Manager</u>
<input type="checkbox"/> Authorized	<u>Suite 470</u>	<input type="checkbox"/> Authorized	<u>First Floor, 50 Grosvenor Hill</u>
Person	<u>St. Petersburg, Florida 33701</u>	Person	<u>London, W1K 3QT, UK</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.



 Signature of an authorized person. (MANAGER)
William C. Birkins

 Type or printed name of signer

4/20/2022

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENLEY CAR WASH GP, 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 TWENTIETH DAY OF APRIL, A.D. 2022.

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



6587842 8300

SR# 20221545381

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203226358

Date: 04-20-22