

M2200000 8384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

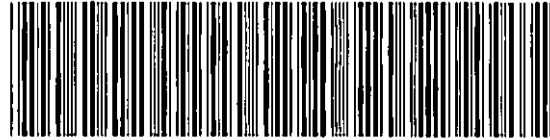
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Division of Corporations  
Tallahassee, Florida

2022 MAY 27 PM 4:15

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Division of Corporations  
Tallahassee, Florida

2022 MAY 27 AM 10:49

FILED

S. ROBERTS

MAY 27 2022



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 05/27/2022

Name: Greg Pintacuda

Reference #: 1687519

Entity Name: KANE BH PROPERTY 2 LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$125

Signature:

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kane BH Property 2 LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Sarah Good**  
Name of Person

**Stonecutter Capital Management LLC**  
Firm/Company

**621 North Avenue, Suite C110**  
Address

**Atlanta, Georgia 30308**  
City/State and Zip Code

**sarah.good@stonecuttercapital.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sarah Good** at ( **404** ) **905-5064**  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate 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:

1. Kane BH Property 2 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.")

2. Delaware
(Jurisdiction 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 registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 915 Broadway, 13th Floor
(Street Address of Principal Office)
New York, NY 10010

6. c/o Cogency Global Inc.
(Mailing Address)
115 North Calhoun St. Suite 4
Tallahassee, FL 32301

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2022 MAY 27 AM 10:48
TALLAHASSEE, FL

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.

/s/Tracy Giumarra

(Registered agent's signature)

COGENCY GLOBAL INC.
Tracy Giumarra, Assistant Secretary

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]:

Title or Capacity:                      Name and Address:  
 Manager      Name: Kane BH Holdings LLC  
 Member      Address: 915 Broadway, 13th Fl  
 Authorized      New York, NY 10010  
Person \_\_\_\_\_  
 Other \_\_\_\_\_ |  Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_ |  Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_ |  Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_ |  Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_ |  Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 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.

/s/ Thomas J. Burke

Signature of an authorized person

Thomas J. Burke

Typed or printed name of signer

# Delaware

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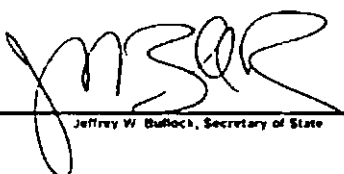
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KANE BH PROPERTY 2 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-SIXTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KANE BH PROPERTY 2 LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2022.

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



  
Jeffrey W. Bullock, Secretary of State

6571024 8300

SR# 20222383626

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203534153

Date: 05-26-22