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S. ROBERTS MAY 3 1 2022 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE: 642617 8374501 AUTHORIZATION: Smell de ma					
AUTHORIZATION: Spelle man					
COST LIMIT : \$ 125.00					
ORDER DATE : April 27, 2022					
ORDER TIME : 2:39 PM					
ORDER NO. : 642617-025					
CUSTOMER NO: 8374501					
FOREIGN FILINGS					
NAME: NHF HOLDINGS LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER: ____

CONTACT PERSON: Alexxis Weiland -- EXT#

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;

NHF Holdings, LLC (Name of Foreign	Limited Liability Company: must include "Limite	d Liability Co	mpany, ""L. L. C.," or "ELC")	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	londs. The alter	nate name must include "Limited Liability C	Company," "L. L. C," or "LLC
Delaware 2. Unrisdiction under the law of which foreign limited liability company is organized)		87-3224010 3. (FEI number, (Fapplicable)		
1	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty habi	liry)	
2670 106th Street, S		26 6	70 106th Street, Suite 140 (Mailing Address)	
Des Moines, IA 5032	22	De	s Moines, IA 50322	
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acce	eptable)	2022 HAY 3
Name:	Corporation Service Company		_	3- -
Office Address:	1201 Hays Street			AH III
	Tallahassee (Cir.)		32301 , Florida	25

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: Clexis Weited, assisten + va president
(Registered agent's signature)

Corporation Service Company

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: Title or Capacity: Name and Address: Name: HCSF IV Equity Holdings, LLC Name: Beverly Capital LLC □Manager □Manager Address: 2100 Third Avenue North 630 Davis St, Suite 201 **■**Member ■ Member Suite 600 Evanston, IL 60201 □ Authorized □ Authorized Birmingham, AL 35203 Person Person Other____ Other Other □Other □ Name: Woodlawn NHF, LLC □Manager Name: _____ Manager Address: _____ **≧**Member □Member Address: Chicago, IL 60606 □ Authorized □ Authorized Person Person Other____ □Other____ □Other Other_ Name: ______ □Manager □ Manager Name: _____ □Member Address: □ Meinber Address: ___ □ 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 degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Wendy Silver



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

DELAWARE, DO HEREBY CERTIFY "NHF HOLDINGS, 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 "NHF HOLDINGS, LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2021.

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



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Authentication: 203535836

Date: 05-26-22