Division of Corporations

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

Please honor original date 06/09/2022

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| <u>_</u> | Email | Address: | | | | |
|------------|-------|---------------------------------------|----------|-----------------------------------------|-------------|------------|
| ~ 문 | | Foreign Limited Liab FultonBSH PGF | • | <u></u> | 2022 JUH - | " i |
| <u>=</u> : | | Certificate of Status | 0 | 7 | ف | • |
| <u>.</u> 5 | | Certified Copy | 1 | <u> </u> | <u> </u> | . • |
| 2022 | • | Page Count | 04 | * · · · · · · · · · · · · · · · · · · · | | |
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•Page: 3 cf 5

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A PORFICIN LIMITED HABILITY COMPANY TO TRANSACT BUNNESS IN THE SERIE OF FLORIDA.

| lf raine unavailable, enter alternate i | raine adopted for the peopose of transacting business in Flo | rida. The alternate agains must include "Franted Fribili | ty Company," "L.L.C." or "I | 1016 |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|------|
| Delaware | | } | | |
| chirediction under the faw of w | high foreign limited liability company is organized) | (i lil numba, i | (applicable) | |
| Upon filing | | | | |
| | (Date first transacted bismess in Florida, if prior to receive sections 605-0904 & 655-0905, F.S. to determin | egodia'non / ie penahy kabil.iy) | | |
| One Presidential Bould | evard, State 201 | One Presidential Boulevard, Suite 201 | | |
| Street Address of Principal (Bice) | | 6. [Mailing Address) | | |
| Bala Cynwyd, PA 1900 |)·I | Bala Cynwyd, PA 19004 | | |
| | | | | |
| . Name and street addres | is of Florida registered agent (P.O. Box | NOT acceptable) | IZZ JUN -9 P | T t |
| Name. | C'T Corporation System | | €' | |
| | 1200 South Pine Island Road | | PH 4: 33 | |
| Office Address: | | | | |
| Office Address: | Plantation | 33324 | | |
| Office Address: | Plantation (Cay) | . Florida (Δην code) | | |

From: Kaity

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| 8. For initial indexing purposes, I manage (up to six (6) total) | ist names, title or capacity and add | dresses of the primary members/mana | igers or persons authorized to |
|------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------------------------------|
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |

| Title of Capacity, | Name and Address. | thie or capacity. | Control Miles Control Control |
|--------------------|------------------------------------------|-------------------|-------------------------------|
| ☑Manager | Name: Richard Schontz | ∑Manager | Name Lawrence Kaplan |
| □Member | Address: One Presidential Blvd., Ste 201 | | Address: |
| □Authorized | Bala Cynwyd, PA 19004 | ∃Authorized | 40 Fulton St 6th Fl |
| Person | | Person | New York, NY 10038 |
| | | □ Other | Other |
| ☑Manager | Name: Cicorge Thacker | ∑ Manager | Name: Barry Chasse |
| □Member | e/o Fulton Partners Address: | □Member | Address: 230 S. Siesta Lane |
| □Authorized | 40 Fulton St 6th Fl | ☐ Authorized | |
| Person | New York, NY 10038 | Person | Tempe, AZ 85281 |
| □Other | Other | | Othe:_,, |
| ☑Manager | Name: | ∏Manager | Name: |
| □Member | Address: | Member | Address: |
| □Authorized | | ☐ Authorized | |
| Person | | Person | |
| TOther | Other | □Other | Orher |

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 \$817,155, F.S.

| Kik Schools | | |
|-----------------------|-----------------------------------|--|
| 10 Metal Follows | Signature of an authorized person | |
| Richard Schontz - Mar | nager of FultonBSH PGFL I, LLC | |
| | Exped or minited name of siznee | |



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FULTONBSH PGFL I, 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 NINTH DAY OF JUNE, A.D. 2022.

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

Authentication: 203640700

Date: 06-09-22