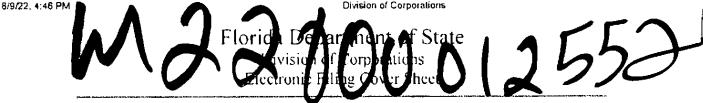
Division of Corporations



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Foreign Limited Liability Company AG EHCH (PHM) MULTI STATE 1, LLC

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S. FRANKLIN

AUG 1 7 2022

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Heip

From: Kaity Toon

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

2022-08-09 14:48:06 PDT

IN COMPLIANCE WITH SECTION 605.0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACTBUSINESS INTHE STATE OF FLORIDA:

AG EHC II (PHM) Mu			
(Name of Foreign	Timited Liability Company; must include "Limited Lie	ability Company," "L.L.C.," or "FTC.")	
finame unavailable, enter alternate i	name adopted for the purpose of transacting business in Florida	The alternate mane must include "Limited Liability Compar	ny,'' "I, t. C,'' or "E l.C.".
Delaware		,	
Durisdiction under the law of w	high foreign limited liability company is organized;	3. (Ef.) number, if applicable	()
	(Date first transacted business in Florida, if prior to regn (See sections 605 0904 & 605 0905, F.S. to determine p		
245 Park Avenue, 26th		245 Park Avenue, 26th Floor	
rect Address of Principal Office)		(Mailing Address)	
New York, NY 10167		New York, NY 10167	
			2024
			
		200	70
Name and street addres	\overline{ss} of Florida registered agent: (P.O. Box $ \overline{N} $	O1 acceptante)	~: ^:
Name:	C T Corporation System		
	1200 South Pine Island Road	.	
Office Address:	Plantation	33324	
	(City)	, Florida	
	(c.iiv)	(in the state)	
egistered agent's accep aving been named as re	gistered agent and to accept service of pro-	cess for the above stated limited liability co gistered agent and agree to act in this cap	mpany at the pl acity. I further
comply with the provisi	ation, I neverly accept the appointment as re- ions of all statutes relative to the proper an s of my position as registered agent.	d complete performance of my duties, and	T am familiar w
comply with the provisi nd accept the obligation.	ions of all statutes relative to the proper an	d complete performance of my duties, and	I am familiar w

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and A	ddress:
⊡Manager	Name: AG EHC II SPV 1, LP	_ Manager	Name:		
■ Member	Address: 245 Park Avenue, 26th Floor	Member	Address:		
□Authorized	New York, NY 10167	☐ Authorized			
Person		Person			
□Other	Other			□Other	
□Manager	Name: Gregory Shalette	☐ Manager	Name:	- -	
□Member	Address: 245 Park Avenue, 24th Floor	☐ Member	Address:		2124
■Authorized	New York, NY 10167	☐ Authorized		···	2Կ []
Person		Person			-
□Other	□ Other	Other		□Other	-D
					?
□Manager	Name:	☐ Manager	Name:		<u></u>
□Member	Address:	□ Member	Address:		<u>-</u>
□Authorized		\equiv 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. Non-indexed individuals may be added to the index when filling 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.

M. Sheets		
	Signature of an authorized person	
Gregory Shalette		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AG EHC II (PHM) MULTI STATE 1, 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 THIRD DAY OF AUGUST, A.D. 2022.

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

2024 F. 10 Pi 2: 13



Authentication: 204079570

Date: 08-03-22