## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:\_\_

## Foreign Limited Liability Company **BH-PEBB OD Owner LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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14154847068

## 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:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	erda. The alternate name must include "Limited Liability Company,	"LL.C," or "l		
Delaware (Juradiction under the law of which foreign limited liability company is organized)		3. 92-0728472 (FEI number, if applicable)			
(Attributerion choice the this in is	men recigi minico narriny company is separately	1, 2, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	egistration ) se penalty liability)			
7900 Glades Roa	ad, Suite 600	6. 7900 Glades Road, Suite 600	'900 Glades Road, Suite 600 (Mailing Address)		
Boca Raton, FL 33	3434	Boca Raton, FL 33434			
	_ <del>_</del> .				
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	20 2202		
	ss of Florida registered agent: (P.O. Box lan Weiner	NOT acceptable)	2022 OCT 19		
Name and street addre		NOT acceptable)			
Name and street address Name:	lan Weiner	NOT acceptable)			

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.

(Registered agent's signature)

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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	<u>::</u>	Name and Address:
□Manager	Name: BH-PE88 OD Venture LLC	□Manager	Name:	
⊠Member	Address: 7900 Glades Road, Suite 600	□Member	Address:	
□Authorized	Boca Raton, Ft. 33434	□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name: lan Weiner	□Manager	Name:	
□Member	Address: 7900 Glades Road, Suite 600	□Member	Address:	
☑Authorized	Boca Raton, FL 33434	□Authorized		
Person		Person		
Other	Other	□Other		Other
☑Manager	Name: BH-PEBB OD Venture, LLC	□Manager	Name:	
□Member	Address: 7900 Glades Road, Suite 600	□Member	Address: _	
□Authorized	Boca Raton, FL 33434	□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 Staty constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Ian Weiner, Authorized Person

Typed or printed name of signee

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BH-PEBB OD OWNER 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 NINETEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BH-PEBB OD OWNER LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2022.

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

Authentication: 204658052

Date: 10-19-22

6901988 8300 SR# 20223811950