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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.\*\*

Emeil Address:\_

# Foreign Limited Liability Company **BH3** Growth Equity GP LLC

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# COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	· • • • • • • • • • • • • • • • • • • •
	, Na	ame of Limited Liability Company
		ity Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matte	er to the following:
		Name of Person
		Firm/Company
		· ······ company
		Address
		City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please	call:
		at ( )
	Name of Contact Person	at ()
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  S125.00 Filing Fee S130.00 Filing Certificat	PEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 6/5/092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BH3 Growth Equity G	F LLC Limited Liability Company; must include "Limited	d Liability	y Company," "L.L.C.," or "LLC.")			<del></del>
(if name unavailable, enter alternate	name adopted for the purpose of transacting business in Fi	orida. The	alternate name must include "Limited Liabili	ty Company," "L.	L C." or	"LLC.
Delaware 2. Unisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, il	(applicable)		
Upon filing of this app	olication					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ne penalty	n.) Trability)	<del></del>		
819 NE 2nd Avenue, 9	Suite 500		819 NE 2nd Avenue, Suite 500			_
5. Street Address of Principal Office)			(Mailing Address)			_
Fort Lauderdale, Florid	da 33304		Fort Lauderdale, Florida 33304			_
				FX	202	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT :	acceptable)	<u> </u>	2023 HAY -8	
Name;	Corporate Creations Network Inc.		<del></del>		R	
Office Address:	801 US Highway I			A CONSTRUCTION OF THE CONS	II: 25	
	North Palm Beach		33408 Florida	_		
	(Cay)		(Zip code)			

## 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/ Tiffany Meeker	Tiffany Meeker, Special Secretary
<u> </u>	(Registered agent's signature)

	Name and Address:	Title or Capaci	<u>tv;</u>	Name and Address:
□Manager	Name: Rob Sales	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
□Member	Address: 819 NE 2nd Avenue, Suite 500	☐ Member	Address: _	····
Authorized	Fort Lauderdale, Florida 33304	□Authorized		<del></del>
Person		Person		
Other	□Other	□Other		Other
□Мападег	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
indexed individuals r  9. Attached is a certi- jurisdiction under the of the translator must  10. This document is	the an attachment to report more than six (6). The may be added to the index when filing your Florent of existence, no more than 90 days old, do allow of which it is organized. (If the certificate to be submitted)  The executed in accordance with section 605.0203 arent to the Department of State constitutes a thir	rida Department of St uly authenticated by t is in a foreign langua (1) (b), Florida Statu	ate Annual Rep he official havinge, a translation tes. I am aware t	ort form.  ng custody of records in a of the certificate under that any false information

Typed or printed name of signee

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BH3 GROWTH EQUITY GP 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 EIGHTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BH3 GROWTH EQUITY GP LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2023.

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

at corp delaware gov/aut

Authentication: 203296615

Date: 05-08-23