2401 971 df

| (Requesto | r's Name) |
|----------------------------------|------------------------|
| (Address) | |
| (Address) | |
| (City/State | Zip/Phone #) |
| | WAIT MAIL |
| (Business | Entity Name) |
| (Documen) | t Number) |
| Certified Copies C | Certificates of Status |
| Special Instructions to Filing C |)fficer: |
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rice Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SL Management Partners, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

| Matthew Benware | | |
|---|------------------------|--------------------------|
| | Name of Person | |
| 3H Corporate Services. LLC | | |
| | Firm/Company | |
| 36 Long Alley | | |
| | Address | |
| Saratoga Springs, NY 12866 | | |
| Ci | ity/State and Zip Code | |
| sostilings@3hcs.com | | |
| E-mail address: (to be | used for future annual | report notification) |
| For further information concerning this matter, please call | 1: | |
| Matthew Benware | 518 at (| 583-0639 x128 |
| Name of Contact Person | Area Code | Daytime Telephone Number |
| Mailing Address: | Street Address: | |

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303Tallahassee

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

| 🖹 \$125.00 Filing Fee | 🗌 \$130.00 Filing Fee & 🛛 🗖 | S155.00 Filing Fee & | 🗌 🗆 \$160.00 Filing Fee, Certificate |
|-----------------------|-----------------------------|----------------------|--------------------------------------|
| | Certificate of Status | Certified Copy | of Status & Certified Copy |

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:

, SL Management Partners, LLC

| name unavailable, enter alternate r | ame adopted for the purpose of transacting business in Flo | orida. The alternate name must include "Limited Liability Com | pany," "L.L.C," or "LLC |
|--|--|---|-------------------------|
| Delaware | | 92-0617315 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | 3(Ff:1 number, 11 applies | able) |
| | | | |
| | (Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin | egistration) ne penalty liability) | |
| 500 Cummings Ctr ST | | 500 Cummings Ctr STE 4100 6(Mailing Address) | |
| reet Address of Principal Office) | | 0. (Mailing Address) | |
| Beverly, MA | | Beverly, MA | VIC 2 |
| 01915 | | 01915 | LINU ISION |
| | | Not | 17 17 |
| Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptable) | PH |
| Name: | 3H Agent Services, Inc. | | ງ: 56 |
| Office Address: | 2114 NW 40th Terrace, Suite D2 | <u> </u> | |
| | Gainesville | 32605 , Florida | |

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.

| Jall | hh | |
|------|--------------------------------|--|
| | (Registered agent's signature) | |

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: |
|--------------------|---------------------------------------|--------------------|--|
| □Manager | Name: BR Intermediate Holdings, LLC | □Manager | Name: |
| Member | Address: 3101 N Central Ave Suite 400 | □Member | 500 Cummings Center, Suite 4100 Address: |
| Authorized | Phoenix, AZ | □Authorized | Beverly, MA |
| Person | 85012 | Person | 01915 |
| □Other | | ■Other_Managing | Director |
| □Manager | Name: Andrew Behrends | □Manager | Name: |
| □Member | Address:Address: | □Member | Address: |
| □Authorized | Jacksonville, FL | Authorized | Phoenix, AZ |
| Person | 32225 | Person | 85012 |
| CFO Other | Transusor | President | Other |
| □Manager | Name: | □Manager | Name: |
| Member | 500 Cummings Center, Suite 4100 | ⊡Member | Address: |
| □Authorized | Beverly, MA | □Authorized | |
| Person | 01915 | Person | |
| Other Managing | | 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.

Darrell Belch Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SL MANAGEMENT PARTNERS, 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 FOURTH DAY OF JUNE, A.D. 2024.



Authentication: 203631630 Date: 06-04-24

7071286 8300 SR# 20242765528 You may verify this certificate online at corp.delaware.gov/authver.shtml