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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

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

Email Address: Spalmer@elmingtoncapital.com

Foreign Limited Liability Company
ECG FLORIDA 2023 III GP, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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NOV 17 PM 2:49

FLORIDA
DIVISION OF
CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV 17 PM 3:50

FILED

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:

1. BCG FLORIDA 2023 III GP, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

TENNESSEE

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FBI number, if applicable)

Date of filing this Application with FL Dept. of State.

4. (Do not transact business in Florida, if prior to registration.
(Sections 605.0904 & 605.0905, F.S. to determine liability liability))

5. 1030 16th Ave South

(Street Address of Principal Office)

Suite 500

Nashville, TN 37212

1030 16th Ave South

6. (Mailing Address)

Suite 500

Nashville, TN 37212

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian J. McDonough

Office Address: 150 West Flagler St., Suite 2200

Miami

(City)

Florida 33130

(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.

(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

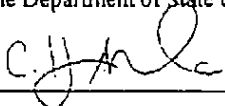
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: C. Hunter Nelson	☐ Manager	Name: _____
☒ Member	Address: 1030 16th Avenue South	☐ Member	Address: _____
☐ Authorized	Suite 500	☐ Authorized	_____
Person	Nashville, Tennessee 37212	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 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 _____

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 s.817.155, F.S.



Signature of an authorized person

C. Hunter Nelson

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

RENO AND CAVANAUGH, PLLC
424 CHURCH STREET
NASHVILLE, TN 37219

November 17, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0556692

Issuance Date: 11/17/2023
Copies Requested: 1

Document Receipt

Receipt #: 008464072

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3862268581

\$20.00

Regarding: ECG FLORIDA 2023 III GP, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1485262

Formation/Qualification Date: 11/16/2023

Date Formed: 11/16/2023

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ECG FLORIDA 2023 III GP, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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