

Secretary of State Application for Registration Foreign Limited Partnership (LP)

IMPORTANT — Read Instructions before completing this form.

Foreign Certificate of Good Standing is required. See Instructions.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

Secretary of State
State of California
202121700015

Filing Number
08/03/2021

Filing Date

Above Space For Office Use Only

ittps://www.ttb.od.gov.	7 155 TO Opado I of Office God Offiy						
1. Name of Foreign LP (See Instructions – Only enter an a	alternate name	if the foreign LF	name in Ite	m 1a is not availal	ole in CA.))	
1a. Enter the Exact Name of the Foreign LP (as listed on the Cert Good Standing.)	1b. Enter the Alternate Name to be Used in California, if required.						
NM BYD II, L.P.							
2. LP History (See Instructions – Ensure that the formation	date and juriso	diction match the	attached Co	ertificate of Good S	Standing.)		
2a. Date LP was formed in home jurisdiction (MM/DD/YYYY) 2b. Jurisdiction (State, foreign country or place where this LP is formed.)							
07 / 30 / 2021	Delaware						
3. Business Addresses (Enter the complete business a	addresses. Iter	ns 3a and 3b ca	nnot be a P.	O. Box or "in care	of" an indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Code	
1633 Broadway, 48th Floor		New York			NY	10019	
b. Mailing Address of Principal Office, if different than item 3a		City (no abbreviations)			State	Zip Code	
c. Address of required office in Jurisdiction of Formation, if any		City (no abbreviations)			State	Zip Code	
 Service of Process (Must provide either Individual OR Corpora INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's a. California Agent's First Name (if agent is not a corporation) 					Su		Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)			State CA	Zip Coo	le
CORPORATION - Complete Item 4c only. Only include the	name of the re	egistered agent	Corporation.		1	ļ.	
c. California Registered Corporate Agent's Name (if agent is a corpor	ation) – Do not	complete Item 4a	or 4b				
C T Corporation System							
5. General Partners (Enter the name and addresses of all	the General P	artners. Attach	additional pa	ages, if necessary.	.)		
5a. General Partner's Name							
NM BYD II GP, L.L.C.						1	
5b. General Partner's Address		City (no abbreviations)			State	Zip Coo	le
1633 Broadway, 48th Floor	NY			NY	10019		
6. Foreign Limited Liability Limited Partnership (Check this box	x only if applicab	ole)				
Check this box if the foreign limited partnership is a for	reign limited	liability limited	partnership).			
All attachments are part of this document. I declare t deed. I further declare the information is true and cor	hat I am the rect, and I	e person who am authorize Peter	signed the	is instrument,	which is	my act	and Partners

LP-5

Manager, L.L.C., manager of

Type or Print Name

NM BYD II GP, L.L.C., General Partner of NM BYD II, L.P.,

General Partner's Signature



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

DELAWARE, DO HEREBY CERTIFY "NM BYD II, L.P." 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 SECOND DAY OF AUGUST, A.D. 2021.

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

SECTARY'S OFFICE OF THE PROPERTY OF THE PROPER

Authentication: 203815275

Date: 08-02-21