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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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TANKASA MULA

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3/16/2015

COVER LETTER

| UBJECT: SVT La | nd and Development GP, I | L.L.C. | • | | |
|--|-------------------------------|--|---|---|-------------|
| Name of Limited Liability Company | | | | | |
| | | | | Transact Business in Florida," Cer bility company to transact business | |
| ease return all com | spondence concerning this | mutter to the | following: | | |
| | | N. | sume of Person | | |
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| or further informatio | n concerning this matter, p | leose call: | | | |
| | Name of Contact Person | n | Area Code | Daysime Telephone Number | |
| MAILING A Division of O Registration P.O. Box 63: Tallahassee, | Corporations Section 27 | Divisio Registra Clifton 2661 E | ET ADDRESS: n of Corporations alion Section Building xecutive Conter Circle ssee, FL 32301 | | |
| nclosed is a chec | k for the following an | | ☐ \$:55,00 Filing Fee | & D \$160.00 Filing Fee, Certif | ficale y |

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. SVT Land and Development GP, L.L.C. | | | |
|--|--|---|--|
| 1. SVT Land and Development GP, L.L.C. (Name of Foreign Limited Liability C | ompany; must include "Limited | Liability Company," "L.L.C.," or | -шс |
| (If name unavailable, enter alternate name adopted ! Liability Company," "L.L.C," or "LLC.") | or the purpose of transacting be | usiness in Florida. The alternate no | une must include "Limited |
| 2 Delaware | 3 | 42-340340 | 79 |
| (Jurisdiction under the law of which foreign limit company is organized) | ed Hability | 47-340340 (FEI number, if applies | ible) |
| 4. upon qualification | | | |
| (Date first trai (See sections 60) | nsacted business in Florida, if p 5.0904 & 605.0905, F.S. to dete | nor to registration.) mune penalty liability) | |
| 5. 591 W. Putnam Ave, Greenwich CT, 0683 | 0 | | |
| | · | | |
| - | (Street Address of Poneips | l Office) | |
| 6. 591 W. Puttam Ave, Greenwich CT, 06830 |) | | |
| | | | |
| | (Mailing Address) | | |
| 7 The name side or considered Judd | | - land | Fig. 10 |
| 7. The name, title or capacity and add | ress of the person(s) wh | o nas/have authority to m | anage isvare: |
| Member-SVT Ventures, L.P591 W. Putnam Ave, Greenwich CT, 06830 | | | |
| | | | 200 |
| - | | | |
| | | | I I |
| 8. Attached is an original certificate of having custody of records in the jurisdiacceptable. If the certificate is in a foreign | ction under the law of v | vhich it is organized. (A p | hotocopy is not |
| must be submitted) | . | | |
| M | | | |
| (in accordance with section 605.0203, F.S., the execution of are aware that any false information submitted in a docum | of this document constitutes an effi | zed person Nick Ancanop rmation under the penalties of perjury ditutes a third degree felony as provide | that the feets stated heroin are true. |
| | Nick Atonopullyped or printed name of | 05 | |
| T | yped or printed name of | signee | _ |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of t | he Limited Liability Compa | ny is: | |
|---|--|--|--|
| SVT Land and Deve | elopment GP, L.L.C. | | |
| If unavailable, the | e alternate to be used in the | state of Florida is: | |
| 2. The name and | the Florida street address o | f the registered agent and office are: | |
| • | C T Corporation System | | |
| - | - | (Name) | • |
| 1 | 200 South Pine Island Road | | |
| - | Florida Street Addr | rese (P.O. Box NOT ACCEPTABLE) | |
| 1 | Plantation | FL 33324 | 5 HA |
| - | | City/State/Zip | · 於 R G |
| liability company registered agent of statutes relating t | at the place designated in th and agree to act in this capac o the proper and complete p | o accept service of process for the above s its certificate, I hereby accept the appoints city. I further agree to comply with the pr erformance of my duties, and I am familia tered agent as provided for in Chapter 60. | menTas & ovisions of all or with and c |
| <u>_B</u> y | CT Corporation System | <u>~</u> | |
| | Signar | Alfred Y | |
| | 010000 | Assistant S | secretary |
| | \$ 100.00 \$ 25. 00 | Filing Fee for Application Designation of Registered Agent | |
| | \$ 30.00 | Certified Copy (optional) | |
| | \$ 5.00 | Certificate of Status (optional) | |

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SVT LAND AND DEVELOPMENT GP,

L.L.C." 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 SIXTEENTH DAY OF MARCH,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

15 MAR 16 AM 8: 34

5702324 8300

150359346

You may verify this certificate online at corp. delaware.gov/authver.shtml

Jefficy W Bullark, Secretary of State

DATE: 03-16-15