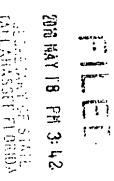
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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



200313682752



18 HAY 18 PM 2: 32

HAY 21 2009 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 2167-96 / 7575103

AUTHORIZATION : THE CONTROL

COST LIMIT : \$ 160.00

ORDER DATE: May 17, 2018

ORDER TIME : 12:42 PM

ORDER NO. : 216796-015

CUSTOMER NO: 7575103

FOREIGN FILINGS

NAME: SG984 OWNER 1 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

| TO: | | ation Section 1 of Corporation | s | | | | |
|--|-----------|--|---|--|------------|--|--|
| SUBJE | | 984 OWNER 1 L | LC | | | | |
| | | | Name of L | imited Liability C | Company | | |
| | | | | | | nsact Business in Florida," Certificate company to transact business in Flor | |
| Please r | eturn all | correspondence c | oncerning this matter to the | following: | | | |
| | | Michael Orland | i | | | | |
| | | | Na | me of Person | <u>-</u> | | |
| | | GDC Properties | , LLC | | | | |
| Firm/Company | | | | | | | |
| | | 245 Saw Mill R | iver Road | | | | |
| Address | | | | | | | |
| Hawthorne, NY 10532 | | | | | | | |
| | | | City/St | ate and Zip Code | | | |
| | | morlandi@gdcpro | operties.com | | | | |
| | • | - | E-mail address: (to be used | for future annual | report not | ification) | |
| For furt | her infor | mation concerning | g this matter, please call: | | | | |
| | Michae | l Orlandi | | 914 at (| 742-442 | | |
| | | Name o | f Contact Person | Area Code | Dayı | time Telephone Number | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle | | of Corporations on Section uilding | | | |
| | | | | | Tallahass | ee, FL 32301 | |
| Enclose | | ck for the following for the f | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | g Fee & | ■ \$160.00 Filing Fee, Certificate 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:

| (Jurisdiction under the law of which foreign limited liability company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 5. 245 Saw Mill River Road (Street Address of Principal Office) Hawthorne, NY 10532 Hawthorne, NY 10532 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | 1 | SG984 OWNER 1 LLC (Name of Foreign | C Limited Liability Company; must include "Limit | ed Liabilit | y Company," "L.L.C.," or "LLC.") |) | | |
|--|-----------------|---|--|-----------------------|--|------------------------------|-------------------|------|
| 2. NEW YORK (Introduction under the law of which foreign limited liability company is organized) 4. [Date first introduced business in Phinds. If prior to segative locally liability?) 5. 245 Saw Mill River Road (Sees Address of Principal Office) Hawthorne, NY 10532 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: Tallahassee (Croy) Registered agent's acceptance: Having been named as registered agent und 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 ogree to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my position as registered agent comply with the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my position as registered agent compositions. Corporation Self in the provisions of the proper and complete performance of my duries, and I am familiar with and accept the obligations of my positions registered agent compositions. The proper and complete performance of my duries, and I am familiar with and accept the obligations of my positions registered agent compositions. The proper and complete performance of my duries, and I am familiar with and accept the obligations of my positions registered agent. (Separate agent of the proper and complete performance of my duries, and I am familiar with a composition of the proper and complete performance of my duries, and I am familiar with and accept the obligations of my positions registered agent. (Separate agent of the proper and complete performance of my duries, and I am familiar with a composition of my positions registered agent. (Separate agent of the proper and complete performance of my duries, and | (lf n: | ame unavailable, enter alternate na | ame adopted for the purpose of transacting business in Flo | orida. The a | Itemate name must include "Limited Lia | bility Company." "LLC." or " | I.L.C.") | |
| (Date frost investment business in Plonds, if prior to registrations) (See sections 605 9904 & 605,0905, F.S. to determine perturby labelity) 5. 245 Saw Mill River Road (Street Address of Principal Office) Hawthorne, NY 10532 Amuse: Corporation Service Company 1201 Hays Street Tallahassee (City) 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 his 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 positions of registered agent and address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Addre | | | | | | ,, | , | |
| (Chast first interacted balances of Proteins (Protein Sequentially) (Interference section) (Interference Sequentially) (Interference Sequentia | 21 | | uch foreign limited liability company is organized) | 3. | (FEI num | ber, if applicable) | | |
| (Chast first interacted balances of Proteins (Protein Sequentially) (Interference section) (Interference Sequentially) (Interference Sequentia | | | | | | | | |
| 5. 245 Saw Mill River Road (Sures Address of Pincepal Office) Hawthorne, NY 10532 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: Tallahassee Tallahassee (City) 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 1 am familiar with and accept the obligations of my position as registered agent complete performance of my duties, and 1 am familiar with and accept the obligations of my position as registered agent complete performance of my duties, and 1 am familiar with and accept the obligations of my position as registered agent complete performance of my duties, and 1 am familiar with and accept the obligations of my position as registered agent complete performance of my duties, and 1 am familiar with and accept the obligations of my position as registered agent. Corporation Self as Company Office Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Office Address in the provision of the performance of the pe | 4. | | (Date first transacted business in Florida, if prior to | tegistration | i.) Inhiliry | | | |
| Hawthorne, NY 10532 Hawthorne, NY 10532 Hawthorne, NY 10532 To Samuel Ginsburg Samuel Ginsburg Authorized Rep. Address: (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Authorized Rep. (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) (Cop) (Cop) | 5 | 245 Saw Mill River Ro | | | • | | | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassee , Florida 32301 (Zig 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 and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent and accept the obligations of my position as registered agent. Name and Address: Emily Croft S. The name, litle or capacity and address of the person(s) who have authority to runage is/are: Name and Address: Authorized Rep. Adam Ginsburg 245 Saw Mill River Rd Hawthorne, NY 10532 Authorized Rep. Adam Ginsburg 245 Saw Mill River Rd Hawthorne, NY 10532 (Use attachments if necessary) 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 action 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of the constitute a third degree felony as provided for in s.817.155, F.S. | ٥. | (Street Address of P | rincipal Office) | U. | (Mailing Add | lress) | | |
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| Office Address: Tallahassee | 7. | Name and street addres | s of Florida registered agent: (P.O. Box | x <u>NOT</u> | acceptable) | | c | Î |
| Office Address: Tallahassee | | Name: | Corporation Service Company | | | <u> </u> | סר | j |
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| Adam Ginsburg | | | _ | | - | | | |

State of New York Department of State } ss:

I hereby certify, that SG984 OWNER ! LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/14/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of May two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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