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((H21000065017 3)))



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Foreign Limited Liability Company
SPI TCM TECHNOLOGY PARK OWNER LLC

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

(H21000065017.3)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT 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. SPI TCM TECHNOLOGY PARK OWNER 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."

2. Delaware 3. S6-1451116
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 768 N Bethlehem Pike, Suite 203 (Street Address of Principal Office)
6. 768 N Bethlehem Pike, Suite 203 (Mailing Address)
Lower Gwynedd, PA 19002 Lower Gwynedd, PA 19002

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
(City) (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I do so to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fully aware and accept the obligations of my position as registered agent.

Sylvia M. Buxbaum
Sylvia M. Buxbaum, Authorized Representative

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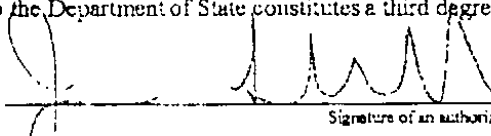
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or person: manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and A</u>
<input checked="" type="checkbox"/> Manager	Name: SPI TCM TECHNOLOGY PARK	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 768 N Bethlehem Pike	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 203	<input type="checkbox"/> Authorized	_____
Person	Lower Gwynedd, PA 19002	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes or 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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 info 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

James Sundahl

Typed or printed name of signer

Delaware

Pag

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPI TCM TECHNOLOGY PARK OWNER 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 THIRTEENTH DAY OF JANUARY, A.D. 2021.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20210089589

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

Authentication: 202

Date: C