

MI 500 0001990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000269837340

03/13/15--01002--010 **160.00

FILED
15 MAR 13 -15 MAR 12 AM 8:56
RECEIVED BY OF STATE
TREASURER'S OFFICE
TALLAHASSEE, FLORIDA

J. Shivers MAR 13 2015

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

SCIP 501, LLC

--

☐ Nonprofit☐ Domestic Corporation☐ Limited Partnership☒ **LLC****Qualification**☒ **Certified Copy****Qualification**☒ Walk In☐ Mail Out☐ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☐ Fictitious Name☐ Photocopies☐ Will Wait☐ Merger☐ Mark☒ Other☒ **CUS**☐ After 4:30☒ Pick Up

Name

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

3/12/2015

KM

Order#

9476340

Ref#:

Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

SCIP 501, LLC

--

☐ Nonprofit
☐ Domestic Corporation

☐ Limited Partnership
☒ **LLC**
Qualification

☒ **Certified Copy**
Qualification

☒ Walk In
☐ Mail Out

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

☐ Amendment
☐ Dissolution/Withdrawal
☐ Reinstatement
☐ Annual Report

☐ Name Registration
☐ Fictitious Name

☐ Photocopies

☐ Will Wait

KM

☐ Merger
☐ Mark
☒ Other

☒ **CUS**

☐ After 4:30
☒ Pick Up

Order#
9476340

Ref#:

Amount: \$

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. SCIP 501, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

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

3. _____

(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. 225 NE Mizner Blvd., Suite 400

Boca Raton, Florida 33432

(Street Address of Principal Office)

6. 225 NE Mizner Blvd., Suite 400

Boca Raton, Florida 33432

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

IPCP 501 II, LLC, Member, 225 NE Mizner Blvd., Ste 400, Boca Raton, Florida 33432

SCP-G TAMPA, LLC, Member, 2133 Southend Drive, Ste 108, Charlotte, NC 28207

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Josh Procacci

Typed or printed name of signee

15 MAR 12 AM 8:56

FILED

**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 the Limited Liability Company is:

SCIP 501, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Josh Procacci

(Name)

225 NE Mizner Blvd., Suite 400

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton

FL 33432

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

15 MAR 12 AM 8:56

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCIP 501, 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 TWELFTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCIP 501, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2013.

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

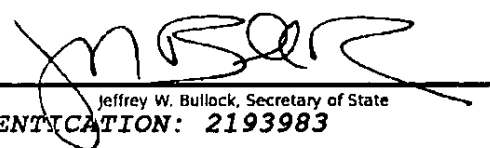
FILED
15 MAR 12 AM 8:56
DEPARTMENT OF STATE
HARRISBURG, PENNSYLVANIA

5429576 8300

150348667

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




jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2193983

DATE: 03-12-15