Division of Corporations Electronic Filing Cover Sheet

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FLORIDA/FOREIGN LP/LLLP SCIP, LP

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K.SALI EXXMINER JAN 15 2014

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January 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Comporations

CT CORPORATION SYSTEM

SUBJECT: SCIP, LP REF: W14000000717

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H14000002178 Letter Number: 514A00000266

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2ECRETARY OF STATE

TALLAHASSER FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

850-617-6381

Maria Cara

1/8/2014 12:54:28 PM PAGE 1/001 Fax Server



January 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SCIP, LP REF: W14000000717

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If the company is a Cayman Island company I need a legible certificate from the Cayman Islands. The Delaware cert. is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karema Salg Begulatory Specialist II

FAX Aud. #: E14000002178 Letter Number: 014A00000483

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P.O BOX 6327 - Tallahassee, Florida 32314

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FILED 2014 JAN 15 AM 9:07 SECRETARY OF STATE TALLAHASSEE, FLORIDS

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. SCIP, LP	
Acceptable Limited Partnership suffixes: Lim	Limited Liability Limited Partnership, which must include suffix) itted Partnership, Limited, L.P., I.P., or Ltd. ship suffixes: Limited Liability Limited Partnership, L.L.L.P. or LILP.
	limited partnership or limited liability limited partnership proposes to register to transact iness in Florida; must contain acceptable suffix.
2 Cayman Islands	3 06/2R/2013
State or Country of Form	
4. Federal Employer Identification Number	r: <u></u>
5. Name of Registered Agent for Service of	
C T Corporation System	
1200 South Pine Island Road	
Plantation, Florids 33324	
of all statutes relative to the proper and co	red agent and agree to act in this capacity. I further agree to comply with the provisions implete performance of my duties, and I am familiar with and accept the obligations of Corporation System Comin Busin Signature of Registered Agent
7. Principa) Office:	8. Malling Address:
	••
5200 Town Center Circle	5200 Town Center Circle
5200 Town Center Circle Suite 600	Suite 600
Suite 600	Suite 600 Boca Raton, FL 33486
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma	Suite 600 Boca Raton, FL 33486 ty limited partnership, check box . siting address of each general partner:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma	Suite 600 Boca Raton, FL 33486 ty limited partnership, check box . siting address of each general partner:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma Name of General Partner: \$200 Town Center Circle	Suite 600 Boca Raton, FL 33486 ty limited partnership, check box . niting address of each general partner: Nume of General Partner:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma Name of General Partner: SCIP GP, LLC	Suite 600 Boca Raton, FL 33486 ty Hmitted partnership, check box . iding address of cach general partner: Nume of General Partner:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma Name of General Partner: Street Address: Boca Raton, FL 33486 5200 Town Center Circl	Suite 600 Boca Raton, FL 33486 ty limited partnership, check box . siting address of each general partner: Nume of General Partner: le, Suite 600 Street Address:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma Name of General Partner: Street Address: 5200 Town Center Circl Boca Raton, FL 33486	Suite 600 Boca Raton, FL 33486 ty limited partnership, check box . niting address of each general partner: Nume of General Partner: le, Suite 600 Mailing Address:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma Name of General Partner: Street Address: Boca Raton, FL 33486 Mailing Address: 5200 Town Center Circl Boca Raton, FL 33486	Suite 600 Boca Raton, FL 33486 ty limited partnership, check box . siting address of each general partner: Nume of General Partner: le, Suite 600 Street Address:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma Name of General Partner: Street Address: S200 Town Center Circl Boca Raton, FL 33486 Mailing Address: Boca Raton, FL 33486 Name of General Partner;	Suite 600 Boca Raton, FL 33486 ty Hmitted partnership, check box . siting address of cach general partner: Nume of General Partner: le, Suite 600 Mailing Address:
Suite 600 Boca Raton, FL 33486 9. If limited partnership is a limited liabilit 10. Name, principal office address, and ma Name of General Partner: Street Address: S200 Town Center Circl Boca Raton, FL 33486 Mailing Address: Boca Raton, FL 33486 Name of General Partner;	Suite 600 Boca Raton, FL 33486 ty limited partnership, check box . niting address of each general partner: Nume of General Partner: le, Suite 600 Mailing Address: Name of General Partner:

(4/8)

War Carrier

Name of General P	umer	Page 1 of 2 Name of General Partner:	
Street Address:		Street Address:	
— Mailing Address:		Mailing Address:	
II. Effective date, if of (Effective date connot b	her than the date of filing:	er the date this document is filed by the Florida Department of St	ale.)
	tate, by the Secretary of State or ot	not more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction	
Signed this31	day of December	20	
submitted in a documen	nis document affirm that the facts si to the Department of State constitu	iture of a general partner n, Vice President of SCIP GP, LLC ated herein are true and the individual is aware that false informat ates a third degree felony as provided for in s.817.155, F.S.	lion
Certi	Pees: ied Copy (optional): icate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

Page 2 of 2

