252

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP REINSTATEMENT

SCIP, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,000.00

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B14000000007

1. Name of Limited Partnership

SCIP, LP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5200 Town Center Cir.	5200 Town Center Cir.
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33486 Country United States	Zip 33486 Country United States

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida 1/15/2014

5. FEI Number 98-1196650 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certified Copy of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation FL Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1910 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent and agree to comply with and accept the obligations of Chapter 620, Florida Statutes.

Madeline Cuadrado Special Assistant Secretary 11/13/2015

SIGNATURE (Registered Agent Accepting Appointment) (REGISTERED AGENT MUST SIGN) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	10a. Registration Document Number
SCIP GP, LLC	5200 Town Center Cir. Suite 600	Boca Raton, FL 33486	M14000000247

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. It is agreed that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that 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.

SIGNATURE Kevin Calhoun DATE November 13, 2015

Typed or Printed Name of General Partner Signing Form Kevin Calhoun Telephone Number 561-394-0550

K. ASHTON