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To:

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Account Name Account Number : FCA000000023

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Phone

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## FLORIDA/FOREIGN LP/LLLP SCG LH Disney Orlando, L.P.

Certificate of Status	0		
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Electronic Filing Menu

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4/28/2015 12:39:06 PM From: To: 8506176383( 2/4 )

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

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\$ 000 E 10 00 A		_	•		<b>#</b> ·	*	ing and a significant of the si	•
3/2015 12:39:06 '3	5 PM From:	To: 85061763	83( 2/4 )			**	- 43 <sup></sup>	٠
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					147,6	<i>" ર</i> ક	%	
		LICATION BY FO LIMITED LIABI TO TRANSA	reign Limitei Lity Limited I Ct Business D	PARTNERSHIP	OR KAI	APR 23	M/2:20	
1. SCG LH Disney C						- ~ (	02/5	
(Name of L Acceptable Limited if Acceptable Limited if	Partnership suffixe	ip or Limited Liabi s: Limited Partners artnership suffixes:	hip, Limited, L.P.,	LP, or Ltd.			WA	
If name unavailable	, name under whit	the limited partne business in Florid	rship or limited lis la; must contain ac	bility limited partix ceptable suffix.	ership propose	to register to	transact	
2. Delaware			3.4/20/2	015				
	ale or Country of			Date of Fo	rmation			
4. Federal Employe	r Identification N	umber: Not yet ava	ilable	<u> </u>				
5. Name of Register	•	vice of Process and	Fiorida Street Ad	ldress:				
C T Corporation Sys	ilem							
1200 South Pine Isla	ind Road							
Plantation, Florida 3	3324							
6. I hereby accept the of all statutes relamy position as reg	ntive to the proper	and complete perfor	mance of my dutie	s, and I am familia.		ept the obligation		
7. Principal Office:			8. Mailing Address:					
591 West Putnam Avenue			591 West Putnam Avenue					
Greenwich, CT 06830			Greenwich, CT 06830					
9. If limited partne	rship is a limited	liehitity limited no	rmership eheck h	iny	<u> </u>			
10. Name, principa	•	-						
	Partner: SCG LH			f General Parmer:_				
	591 West Putparr	Avenue						
Street Address:	Greenwich, CT (		Sireel A	ddress:	<del></del>		<del></del>	
			<del></del>					
Mailing Address	;		Mailing	Address:		<del></del>		
Name of General	Partner:		Name o	f General Partner:				
Street Address:			Street Address:					
Mailing Address	<u></u>			Address:				

	Page 1 of 2
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
	<del></del>
Muiling Address:	Mailing Address:
11. Effective date, if other than the date of filis (Effective date cannot be prior to nor more than	ng:90 days after the date this document is filed by the Fiorida Department of State.)
12. Attached is a certificate of existence duly au	henticated, not more than 90 days prior to the delivery of this application to the State or other official having custody of the entity's records in the jurisdiction under
Signed this 27th day of	<u>pril 20 2015</u>
Y	V
	Signature of a general partner Authorized Person of SCO LH GP, L.L.C., General Partner
The individual signing this document affirm that	Authorized Person of SCG LH GP, L.L.C., General Partner the facts stated herein are true and the individual is aware that false information ate constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certifled Copy (aptional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50
Certificate of Status (options	▼==:= •

Page 2 of 2

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCG LH DISNEY ORLANDO, L.P." 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 TWENTY-THIRD DAY OF APRIL, A.D.
2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5732255 8300

150558663

vorify this certificate online

Jeffrey W. Bullock, Secretary of State

UTHENTACATION: 2318172

DATE: 04-23-15