Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

## FLORIDA/FOREIGN LP/LLLP SCGG LP, L.P.

Certificate of Status	0
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

If name unavailable, name under which the limited parts business in Flori 2.  Delaware  State or Country of Formation  4. Federal Employer Identification Number: 27-147614  5. Name of Registered Agent for Service of Process and C T Corporation System	ida; must contain acceptable suffix.  3. 12/11/2009  Date of Formation	poses to register to transact
State or Country of Formation 4. Federal Employer Identification Number: 27-147614 5. Name of Registered Agent for Service of Process and	Date of Formation	<del></del>
4. Federal Employer Identification Number: 27-147614 5. Name of Registered Agent for Service of Process and	Date of Formation	
5. Name of Registered Agent for Service of Process and		
5. Name of Registered Agent for Service of Process and		
C T Corporation System	1 Florida Street Address:	
		•
1200 South Pine Island Road		
Plantation, Florida 33324		
6. I hereby accept the appointment as registered agent an of all statutes relative to the proper and complete performy position as registered agent.  C T Composition  By:  Signal	ormance of my duties, and I am familiar with and	accept the obligations of
7. Principal Office:	<u> </u>	<u>≽</u> `∞ _
1601 Washington Avenue, #800	8. Mailing Address: 1601 Washington Avenue, #800	Ct. 10
Miami Beach, FL 33139		
risinal Denoit, FE 33133	Miami Beach, FL 33139	7AR
9. If limited partnership is a limited liability limited p	artnership, check box .	F 8 6
10. Name, principal office address, and mailing addre	•	FLORII
10. Name, principal office address, and mailing addre	ss of each general partner:	
10. Name, principal office address, and mailing address Name of General Partner:  1601 Washington Avenue #800	ss of each general partner: Name of General Partner:	W 10: 13 OF STATE FLORIDA
10. Name, principal office address, and mailing address Name of General Partner: SCGG GP, L.L.C.	ss of each general partner:	FLORIDA
10. Name, principal office address, and mailing addre  Name of General Partner: SCGG GP, L.L.C.  Street Address: 1601 Washington Avenue, #800  Miami Beach, FL 33139	ss of each general partner:  Name of General Partner:  Street Address:	D: 13' SIATE LORIDA
10. Name, principal office address, and mailing addre  Name of General Partner:  Street Address:  1601 Washington Avenue, #800  Miami Beach, FL 33139	ss of each general partner: Name of General Partner:	D: 13' SIATE LORIDA
10. Name, principal office address, and mailing addre Name of General Partner:  Street Address:  1601 Washington Avenue, #800  Miami Beach, FL 33139  Mailing Address:  1601 Washington Avenue, #800  Miami Beach, FL 33139	ss of each general partner:  Name of General Partner:  Street Address:  Mailing Address:	D: 13 SIATE LORIDA
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Name of General	Partner	Page 1 of 2 Name o	of General Partner:	
1,43,10 01 00001				
Street Address:		Street A	Address:	<del></del>
Mailing Address	·	Mailing	g Address:	
11. Effective date, if Effective date canno	other than the date of filing:	ys after the date this do	ocument is filed by the Florida Department	of State.)
Florida Department ( the law of which it is	of State, by the Secretary of State of creanized.	or other official having	O days prior to the delivery of this application goustody of the entity's records in the juris	m to the diction under
Signed this	day of Decen	GG GP, L.L.C. its g	general partner	
		Signiture of a general		
	ng this document affirm that the fo		thorized Person rue and the individual is aware that false inf e felony as provided for in s.817.155, F.S.	ormation
Ce	iing Fees: ertified Copy (optional): ertificate of Status (optional):	\$1,000.00 (\$90 \$52.50 \$8.75	965 Filing Fee and \$35 Registered Agent Fe	<b>:</b> 2)

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Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCGG LP, 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 EIGHTH DAY OF DECEMBER, A.D. 2016.

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

Authentication: 203470263

Date: 12-08-16

4763991 8300 SR# 20166967809