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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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

FLORIDA/FOREIGN LP/LLLP SCG InTown CF Management, L.P.

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'JUL 11 2022

M. SOLOMON

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Corporate Filing Menu

Help

From: Kaity Toon

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

2022-07-08 07:41:10 PDT

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or 1.td. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or L.L.P.					
If name unavailable	name under which the limited partn business in Flor	tership or limited liability limited partnership proposes to regida; must contain acceptable suffix.	gister to transact		
2 Delaware		3. June 21, 2022			
	ate or Country of Formation	Date of Formation			
4. Federal Employe	r Identification Number:				
5. Name of Register CT Corporation Sys	ed Agent for Service of Process and stem	d Florida Street Address:			
1200 South Pine Isla	and Road				
Plantation, Florida 3	3324				
of all statutes relatives relatives relatives relatives reg	nive to the proper and complete perfe sistered agent. By: Mandelly	nd agree to act in this capacity. I further agree to comply we formance of my duties, and I am familiar with and accept the Meredith Helmag. Assistant Secretary ture of Relistered Agent	obligations of		
7. Principal Office: 8. N		8. Mailing Address:			
2340 Collins Avenu	¢	2340 Collins Avenue	ص در م		
Miami Beach, Florida 33139		Miami Beach, Florida 33139	AH 9:		
9. If limited partne	ership is a limited liability limited p	artnership, check box.	22		
Name, principal office address, and mailing address of ea SCG InTown CF Management GP Name of General Partner; 2340 Collins Avenue		nent GP, L.I. C.			
	Miami Beach, Florida 33139				
Mailing Address	S'	Mailing Address:			
	d Partner:	Name of General Partner:			
Street Address:		Street Address:			
Mailing Addres		Mailing Address:			
		Page 1 of 2			

Name of General Par	tner;	Name of General	Partner:			
Street Address.		Street Address:				
Mailing Address:		Mailing Address				
Note: If the date inserted document's effective date	in this block does not meet the applie on the Department of State's recordate of existence duly authenticated, nate, by the Secretary of State or other	cable statutory filing requises so more than 90 days price	s filed by the Florida Department of State, uirements, this date will not be listed as the or to the delivery of this application to the of the entity's records in the jurisdiction in	e		
•	day of June			2822 JIJ		
	Signatu	are of a general partner		g – g		
The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.						
	Fees: ied Copy (optional): icate of Status (optional):	\$1,000.00 (\$965 Fiding \$52,50 \$8,75	Fee and \$35 Registered Agent Fee) 💆	9 : 22		

Page 2 of 2



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SCG INTOWN CF MANAGEMENT, 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-FOURTH DAY OF JUNE, A.D. 2022.

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

at corn delaware gov/aut

Authentication: 203762443

Date: 06-24-22