PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000044884

1. Limited Liability Company's Name
SFA 1, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
320 Park Avenue	320 Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
18th Floor	18th Floor
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10022 / United States	10022 / United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: March 12, 2015

6. FEI Number: 47-3421885 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: UNITED CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
9200 S DADELAND BLVD

Apt. #, Etc.
STE 508

City: MIAMI | State: FL | Zip Code: 33156

19 AUG -6 PM 2:30

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 7/29/2019
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Shad Azimi	320 Park Ave, 18th Floor	New York, NY 10022

16-19 (cw)
dcc 8/14/19

11. E-mail Address: sazimi@vanterra.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 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 of authorized representative/member _____ Date 7/25/2019 Daytime Phone # 212-231-3930

Typed or printed name of signing authorized representative/member Shad Azimi