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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE ALLAHASSEF, FLORIDA

ALLAHASSEF, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SF Glen Oaks, LLC (Name of Li	imited Liability Company)			
The enclosed "Application by Foreign Limited I Florida," Certificate of Existence, and check are liability company to transact business in Florida.	submitted to register the above referenced for			
Please return all correspondence concerning this	matter to the following:			
Todd Reynolds				
	Name of Person)			
Cypress Administrative S	Services, LLC			
(1	Firm/Company)			
44 South Broadway, Suite 614				
	(Address)		08. - a	FILED
White Plains, NY 10601				
(City/	State and Zip Code)		ب يد	
For further information concerning this matter, p	blease call:	F STATE	л P	
Todd Reynolds	at (914) 390-4301			
(Name of Person)	(Area Code & Daytime Telephone N	umber)		
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee} \text{Certificate}		Fee, Certi		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Name of Fo	SF Glen Oaks, preign Limited Liabili			·	_
2.	DELAWARE Jurisdiction under the law of which foreign licompany is organized)		(FEI numbe	er, if applicable)		_
4. 05/06/2008 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will ce exist or "perpetual")				cease to	_	
6.	(Date first transacted (See sections 608.501	d business in Florida, & 608.502 F.S. to de	if prior to registration.)	у)		_
7.	44 South Broadway, Suite 614	Gulf Coast Facilit White Plains (Street Address of Pr	NY	10601		-
	If limited liability company is a mana The name and usual business addresse Gulf Coast Facilities, LLC	•	-		19 6- NIIC 80	
	44 South Broadway, Suite 614	White Plains, N	r 100	STATE LORDA	3: 56	_ - -

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

The nature of business to be conducted is any lawful purpose under Florida Statutes.

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ari Markenson, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	SF Gle	en Oaks, LLC			
2. The name and the Flo	orida street address of	the registered a	gent and office are:		
	National Corpo	orate Research,	Ltd., Inc.		
		(Name)			
	515 Ea	ast Park Avenue	;		
	Florida Street Addres	ss (P.O. Box NOT	ACCEPTABLE)	SE TALL	2
	Tallahassee	FL	32301	AH	
		City/State/Zip		ASS	1 =
Having been named as re liability company at the p agent and agree to act in relating to the proper and obligations of my position	lace designated in this this capacity. I furthe I complete performand	s certificate, I he r agree to comp ce of my duties, c	reby accept the appo ly with the provision and I am familiar wit	intment as registered & s of all statules♡∑ & & h and accept tær . •	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional) \$ 30.00

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SF GLEN OAKS, LLC" 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 SECOND DAY OF JUNE, A.D. 2008.

4544055 8300

080644483

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6627350

DATE: 06-02-08

You may verify this certificate online at corp.delaware.gov/authver.shtml