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COVER LETTER

	egistration Section vision of Corporatio	ns				
CUDACCE	SCFL PROPERTIE					
SUBJECT:		Name of	Limited Liability	Company		
					ansact Business in Florida," Certif y company to transact business in	
Please retur	n all correspondence	concerning this matter to the	following:			
	KEVIN GREE	R ·				
		N	ame of Person			
	SCFL PROPE	RTIES II, LLC	• .			
		F	irm/Company			
	434 LAKE ST.	, SUITE 200				
			Address			
	EXCELSIOR,	MN 55331				
		City/S	tate and Zip Code			
	KMGCPA@AO	L.COM				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further i	nformation concernin	g this matter, please call:				
KH	EVIN GREER		612 at (802-99	07	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certificator of Status & Certified Copy	ite

	TION 605 <i>0</i> 902, FLORIDA STATUTE USINESS IN THE STATE OF FLORIDA		SUBMITTED TO REGISTER.	A FOREIGN L	IMITED LIAI
SCFL PROPERTIES I	I, LLC				
(Name of For	eign Limited Liability Company; mu	ist include "Limited Lis	ability Company,""L.L.C.," (or "LLC.")	
	Iternate name adopted for the purpos	se of transacting busine	ss in Florida. The alternate n	ame must inclu	ıde "Limited
ability Company." "L.L.C. MINNESOTA	" or "LLC.")	46-3370383			
Jurisdiction under the law company is organized) 8/28/2013	of which foreign limited liability	3	(FEI number, if applicable	e)	_
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior t	o registration.)		
434 LAKE ST., SUIT		.ozos. 1 .o. to determin	e penatey naomity)		
EXCELSIOR, MN 55	331	-			
434 LAKE ST., SUITE	(Street Address of 200)	Principal Office)			
EXCELSIOR, MN 553	331				
	(Mailing	Address)			
Name and street address	ss of Florida registered agent: (P	O. Box NOT accep	table)		
	NORMA SAAB, SAAB REAI	LTY GROUP, INC.	_		
Name:					
	605 BUTLER ST.				
Name: Office Address:	605 BUTLER ST. WINDEREMERE		- 34786		
Office Address:	WINDEREMERE (City)		, Florida 34786 (Zip code)	_	
Office Address: egistered agent's acceptiving been named as resistance of all	WINDEREMERE (City) stance: egistered agent and to accept ser accept the appointment as regis statutes relative to the proper an	tered agent and agre	, Florida (Zip code) te above stated corporations to act in this capacity.	l further agre	ee toxompl
Office Address: egistered agent's acceptiving been named as resistance of all	WINDEREMERE (City) Itance: registered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent.	tered agent and agre id complete perform	, Florida (Zip code) te above stated corporations to act in this capacity.	l further agre	ee toxompl
Office Address: egistered agent's accepaving been named as reis application, I hereby th the provisions of all e obligations of my posi	WINDEREMERE (City) Intance: Registered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. (Regist	tered agent and agreed to the complete performation of the complete performance of the	, Florida(Zip code) the above stated corporation to act in this capacity. It is ance of my duties, and I a	I further agricum familiar w	ee toxompl
Office Address: egistered agent's acceptiving been named as rests application, I hereby the the provisions of all to obligations of my posterior. The name, title or captive of the province	WINDEREMERE (City) Intance: Registered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. (Regist Accity and address of the person(s) GER	tered agent and agreed to the complete performation of the complete performance of the	, Florida(Zip code) the above stated corporation to act in this capacity. It is ance of my duties, and I a	I further agricum familiar w	ee (o complexith and acc
Office Address: egistered agent's acceptiving been named as resistance application, I hereby the the provisions of all the obligations of my post	WINDEREMERE (City) Intance: Registered agent and to accept ser accept the appointment as regis statutes relative to the proper an ition as registered agent. (Regist Accity and address of the person(s) GER 00	tered agent and agreed to the complete performation of the complete performance of the	, Florida(Zip code) the above stated corporation to act in this capacity. It is ance of my duties, and I a	I further agricum familiar w	ee to complexity and accomplexity accomplexity and accomplexity and accomplexity and accomplexity and accomplexity and accomplexity accomplexity and accomplexity accomplexity and accomplexity accomplexity accomplexity and accomplexity acco

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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 an authorized person

KEVIN GREER

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: SCFL PROPERTIES II L. L. C.

Date Filed: 07/29/2013

File Number: 683412200029

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 05/01/2015

OF THE ST

Steve Simon

Secretary of State

State of Minnesota