Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

5

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

Phone

: (850)205-B842

: (850)878-5368

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

Email Address:

Foreign Limited Liability Company SunCap Miami, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
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JUN 2 2 2015

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Electronic Filing Menu

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Help

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|-------------------|--|--|--|--|--|--|
| SUBJE | SunCap Miami, LLC | | | | | |
| 4000 | Name of Limited Liability Company | | | | | |
| | | ny for Authorization to Transact Business in Florida, Certificate of ced foreign limited liability company to transact business in Florida | | | | |
| Please i | return all correspondence concerning this matter to the fo | flowing: | | | | |
| | Elizabeth Cumpbell, (Paralega) | | | | | |
| | Name of Person | | | | | |
| | Robinson, Bradshaw & Hinson, P.A. | | | | | |
| | Firm/Company | | | | | |
| | 101 N. Tryon Street, Suite 1900 | | | | | |
| Address | | | | | | |
| | Charlotte, NC 28246 | | | | | |
| | City/State und Zip Code | | | | | |
| ccampbell@rbh.com | | | | | | |
| | E-mail address: (to be used f | or future annual report notification) | | | | |
| For furt | ther information concerning this matter, please call: | | | | | |
| | Elizabeth Campbell | 704 377-8170 at () | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclose | | □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy | | | | |

6/19/2015 12:02:08 PM From: To: 8506176381(3/4)

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

IN COMPLIANCE WITH SECTION 608.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. SunCap Miami, LLC | | | | | | | |
|--|--|--|---|--|--|--|--|
| (Name of Fore | ign Limited Liability Company; must inclu- | de "Limited Liability Company," "L.L.C.," or "l | .LC:") | | | | |
| (If name unavailable, enter al | ternate name adopted for the purpose of tro | neacting business in Florida. The alternate name | must include "Limited | | | | |
| Liability Company," "L.L.C," | or "LLC.") | • | | | | | |
| 2. Delaware | 3. | N/A | | | | | |
| (Jurisdiction under the law- company is organized) | of which foreign limited liability | (FEI number, (l'applicable) | | | | | |
| 4. upon filing | | | | | | | |
| | (Date first transacted business in F (See sections 605.0904 & 605.0905, I | | | | | | |
| 5. 6101 Camegie Blvd., 5 | Suite 180 | | | | | | |
| Charlotte, NC 28209 | | | | | | | |
| ************************************** | (Street Address of Principa | d Office) | | | | | |
| 6. 6101 Carnegie Blvd., S | une 180 | | | | | | |
| Charlotte, NC 28209 | , | | | | | | |
| | (Meiling Audress | | | | | | |
| 7. Name and street address | g of Florida registered agent: (P.O. Box | NOT acceptable) | | | | | |
| Name: | C T Corporation System | | | | | | |
| Office Address: | 1200 South Fine Island Road | | 201 | | | | |
| | Plantation | , Florida 33324 | ელექ ლ ე პ≫ანშ წ ლ. თლ | | | | |
| | (City) | (Zip code) | 美型 50 1 | | | | |
| Registered agent's accept Having been named as re- | | process for the above stated corporation a | t the place designated in | | | | |
| ikts application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply | | | | | | | |
| the obligations of my posit | | vicis performance of my duties, and I am j | amutar Wien-and accept | | | | |
| | time | Ternell Ternell | Kearney Asst. Secretary | | | | |
| | (Registered ag | ent's signature) | | | | | |
| R. The name title or core | city and address of the person(s) who h | eefkaus authority to managa lefe oo | 1776 | | | | |
| SC Miami Investment, LI. | • • • • | as the residency to manage taken. | | | | | |
| 6101 Carnegie Blvd., Suite | : 180 | , <u> </u> | | | | | |
| Charlotte, NC 28209 | | | | | | | |
| | | | | | | | |
| | | duly authenticated by the official having ou te is in a foreign language, a translation of t | | | | | |
| of the translator must be su | | The strong of th | ile continuate stract cant | | | | |
| | () " (| _ | | | | | |
| | Manature of an m | uthorized person | | | | | |
| (In accordance with section | 605.0203, F.S., the execution of this d | ocument constitutes an affirmation under th | e penalties of perjury that | | | | |
| the facts stated herein are to degree felony as provided i | rue. I am aware that any faise informati | on submitted in a document to the Departme | ant of State constitutes a third | | | | |
| | Jason K. Brig | | • | | | | |

Typed or printed name of signer

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNCAP MIAMI, 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 NINETEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5738313 8300

150945219

You may vorify this cortificate enline at corp. deleware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 06-19-15