# M140000113/

(Re	equestor's Name)			
(Ac	ldress)			
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PICK-UP	☐ WAIT	MAIL MAIL		
(Bı	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 Toll Free: 844-541-6792

DATE: 2-10-16	WALK IN
ENTITY NAME: US SFE ASSET	
COMPANY!, LLC	
**PLEASE FILE THE ATTACHED AND RETURN	l: <del>**</del>
Plain Copy	
X Certified Copy X Certificate of Status	
<del></del>	
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE	ENTITY:**
Document Number:	
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
	75 20 20
**APOSTILLE'/NOTARIAL CERTIFICATION:*	* AB E
COUNTRY OF DESTINATION	\$\$\$ 10
NUMBER OF CERTIFICATES REQUESTED	A 8: 0
TOTAL AMOUNT OWED: 1600	- <del>10</del>
CHECK NUMBER: 226	
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMAT	ION ON THIS
MATTER.	
Thank you!  Tina Goff, President	
Tina Goff, President	

#### **COVER LETTER**

TO:	Registration Section Division of Corporati	ons					
SUBJI	US SFE Asset Co	mpany 1, LLC					
		Name of	Limited Liability	Company			
		oreign Limited Liability Com ted to register the above refer					
Please	return all correspondence	concerning this matter to the	e following:				
	Joseph V. Ga	tti					
	<del></del>	N	lame of Person			<u></u>	
	Amherst Holo	lings LLC					
		F	irm/Company				
	5001 Plaza or	the Lake, Suite 200					
Address							
	Austin, TX 7	8746					
	<del></del>	City/S	State and Zip Code	2			
	jgatti@amherst	.com					wedtel
	<del> </del>	E-mail address: (to be use	d for future annua	l report not	ification)	25 8	S. Constants
For fur	ther information concerni	ng this matter, please call:					m
	Joseph V. Gatti		512 at (	342-302	20	A 66	O
	Name	of Contact Person	Area Code	Day	time Teleph	one 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		ions er Circle			
Enclose	ed is a check for the follo ☐ \$125.00 Filing Fee	wing amount:  \$\Bigsim \frac{\$130.00}{\$130.00}\$ Filing Fee &  Certificate of Status	□ \$155.00 Fili Certified Copy	_		0 Filing Fee, Ce & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

US SFE Asset Compan	y I, LLC		
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans	acting business in Florida. The alternate na	me must include "Limited
2 Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	2)
4	(Date first transacted business in Flo	eida (Curios to maintention)	<del></del>
	(See sections 605.0904 & 605.0905, F.)	S. to determine penalty liability)	
5. 5001 Plaza on the Lake	c, Suite 200		_
Austin, TX 78746			
	(Street Address of Principal	Office)	
6. Soll Plaza on the Lake	, Suite 200		
Austin, TX 78746			TALLAHASSEE TALLAHASSEE
	(Mailing Address)		-55
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	m. III
Name:	Capitol Corporate Services, Inc.	•	
Office Address:	155 Office Plaza Dr., Ste. A		8: 02 0RH
Office Address:	Tallahassee	22201	The state of the s
	(City)	, Florida 32301 (Zip code)	_
designated in this applica to complywith the provision	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper a ny position as registered agent.	registered agent and agree to act in t	his capacity. I further agree
	/s/ Krista Ali, Ass	sistant Secretary	
	(Registered ager	nt's signature)	<del></del>
8. The name, title or capa	icity and address of the person(s) who has	s/have authority to manage is/arc:	
Joseph V. Gatti, Secretary	•	<b>,</b> 3	
5001 Plaza on the Lake, S	uite 200		
Austin, TX 78746			
	of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)		
	/s/ Joseph V. Gatti		
	Signature of an aut	horized person	-
	l in accordance with section 605.0203 (1) the Department of State constitutes a third Joseph V. Gatti		
	Typed or printed na	me of signee	_

Page 1

### <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "US SFE ASSET COMPANY 1, 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 TENTH DAY OF FEBRUARY, A.D. 2016.

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

at corn delaware gov/aut

Authentication: 201809371

Date: 02-10-16