# MUDODOILUS

. (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
PA Sign W16-10330
Office Use Only



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02/11/16--01002--002 \*\*640.00

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### FLORIDA DEPARTMENT OF STATE Division of Corporations igrected

February 11, 2016

SUNSHINE CORPORATE FILING OF FLORIDA, INC.

SUBJECT: US SFE ASSET COMPANY 4, LLC

Ref. Number: W16000010330

We have received your document for US SFE ASSET COMPANY 4, LLC and your check(s) totaling \$640.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00002910

## 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 RET	URN:**
Plain Copy	
X Certified Copy X Certificate of Status	
**PLEASE OBTAIN THE FOLLOWING FOR THE ABO	OVE ENTITY**
Document Number:	
Certified Copy of Arts & Amendments	2016 TALL
Certificate of Good Standing	FEB 10
**APOSTILLE'/NOTARIAL CERTIFICATIO	9 _ [1]
COUNTRY OF DESTINATION	<u> </u>
NUMBER OF CERTIFICATES REQUESTED	·
TOTAL AMOUNT OWED: 16000	
CHECK NUMBER: 226	
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFOR	RMATION ON THIS
MATTER.	
Thank you!	
Tina Goff, President	

#### **COVER LETTER**

TO:

**Registration Section** 

Div	vision of Corporation	ons					
SUBJECT:	US SFE Asset Cor	mpany 4, LLC					
		Name o	f Limited Liability	Company			
		oreign Limited Liability Con ed to register the above refe					
Please return	all correspondence	concerning this matter to th	e following:				
	Joseph V. Gat	ti					
		]	Name of Person		· · · <u>-</u> ·		
	Amherst Hold	lings LLC					
			Firm/Company				
	5001 Plaza on	the Lake, Suite 200					
			Address				
	Austin, TX 78	8746					
		City/	State and Zip Code	2		700	
	jgatti@amherst.					E E	
For further in	nformation concerning	E-mail address: (to be us ing this matter, please call:	ed for future annua	il report not	ification)	ASSET	
Jos	eph V. Gatti		512 at (	342-302	20		5
	Name	of Contact Person	Area Code	Day	time Teleph	one Number	
Div Reg P.O	ision of Corporation gistration Section Box 6327 lahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS of Corporation Section uilding cutive Cente ee, FL 3230	ons er Circle	
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy			Filing Fee, Cer Certified Copy	

### 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:

3.5	ilternate name adopted for the purpose of transac	die terine in Plenide. The strengton	nome must include	"I imited
It name unavailable, enter a Liability Company," "L.L.C		ting business in Florida. The afternate	name must include	Linned
Delaware	3.			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applical	ble)	<del></del>
	(Date first transacted business in Florid (See sections 605 0904 & 605 0905, F.S.	to it rejecto registration )	<u></u>	
	(Dec nections sectors) in the sector of the	to determine penalty liability)		
5001 Plaza on the Lai	cc, Suite 200			
Austin, TX 78746				
	(Street Address of Principal Of	ffice)		
5001 Plaza on the Lak	e, Suite 200	·		
Austin, TX 78746			一部	********
	(Mailing Address)			- : •
Name and street addre	ess of Florida registered agent: (P.O. Box N	NOT acceptable)		1
	Capitol Corporate Services, Inc.	,		M
Name:	,		:	- Summary
, willo	155 OCC - Plans Do Coo A		r C.1	1
Office Address:	155 Office Plaza Dr., Ste. A		3 2 1 3 1 2	
	Tallahassee	, Florida <u>32301</u>	3: 24 Lorder	
Office Address: tegistered agent's acce	Tallahassee (City)	, Florida 32301 (Zip code)	3: 24 Leaner	
Office Address: Registered agent's accel laving been named as r lesignated in this application of the complywith the provise	Tallahassee  (City)  ptance: egistered agent and to accept service of pro ation, I hereby accept the appointment as re ions of all statutes relative to the proper an	(Zip code) ocess for the above stated limited li registered agent and agree to act in	iability company	at the plac further ag
Office Address: Registered agent's accel laving been named as r esignated in this application complywith the provis	Tallahassee (City)  ptance: egistered agent and to accept service of pro ation, I hereby accept the appointment as re	(Zip code) ocess for the above stated limited li registered agent and agree to act in ad complete performance of my du	iability company	at the plac further ag
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Office Address: Registered agent's accellaving been named as relesignated in this application complywith the provisuscept the obligations of Society V. Gatti, Secretary 5001 Plaza on the Lake, Austin, TX 78746	Tallahassee  (City)  ptance:  egistered agent and to accept service of pro ation, I hereby accept the appointment as re ions of all statutes relative to the proper an imy position as registered agent.  /s/ Krista Ali, Assi  (Registered agent' bacity and address of the person(s) who has/h ry and Vice President  Suite 200  e of existence, no more than 90 days old, du of which it is organized. (If the certificate is	(Zip code)  ocess for the above stated limited livegistered agent and agree to act in ad complete performance of my dustant Secretary  's signature)  have authority to manage is/are:	iability company in this capacity. I sties, and I am fa	at the plac further ag miliar with
Office Address:  degistered agent's acceptaining been named as resignated in this application of the provise of the obligations of the obligations of the obligation of the obligation of the obligation of the law, austin, TX 78746  Austin, TX 78746  Attached is a certificatorisdiction under the law	Tallahassee  (City)  ptance:  egistered agent and to accept service of pro ation, I hereby accept the appointment as re ions of all statutes relative to the proper an imy position as registered agent.  /s/ Krista Ali, Assi  (Registered agent' bacity and address of the person(s) who has/h ry and Vice President  Suite 200  e of existence, no more than 90 days old, du of which it is organized. (If the certificate is	(Zip code)  ocess for the above stated limited livegistered agent and agree to act in ad complete performance of my dustant Secretary  's signature)  have authority to manage is/are:	iability company in this capacity. I sties, and I am fa	at the plac further ag miliar with

Typed or printed name of signee

Fam. Tit.

### <u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "US SFE ASSET COMPANY 4, 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.

EXTENSION OF THE PARTY OF THE P

Authentication: 201809487

Date: 02-10-16

5956749 8300 SR# 20160717996