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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NRAM SERVICES, LLC
Account Number : 120080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

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Email Address: kevin.fitzpatrick@springbaync.com

**Foreign Limited Liability Company
SB RIDGELAKE 75 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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:1. SB RIDGELAKE 75 LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "LLC," or "LLC")2. DELAWARE(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FEI number, if applicable)

4. Upon filing(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)5. 1343 Main Street, Suite 400, Sarasota, FL 34236

(Street Address of Principal Office)

6. 1343 Main Street, Suite 400, Sarasota, FL 34236

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: NRAI Services, Inc.Office Address: 1200 South Pine Island RoadPlantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.*

By: _____

NRAI Services, Inc.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Cinnamon Day MP, Inc., a Delaware corporation mgr.9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)see attached.

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 § 817.155, F.S.Kevin Fitzpatrick

Typed or printed name of signer

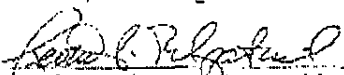
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SB Ridgeline 75 L.L.C., a Delaware limited liability
company, Manager

By: Cinnamon Bay MP, Inc., a Delaware
corporation, its manager

By: 
Kevin P. Fitzpatrick, President

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TALLAHASSEE, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SB RIDGELAKE 75 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 THIRTIETH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SB RIDGELAKE 75 LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2016.



5997669 8300

SR# 20161970749

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

Authentication: 202067480

Date: 03-30-16