Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Fax Number

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

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Foreign Limited Liability Company SFCR LLC

Certificate of Status	0
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APR 2 7 2016

Electronic Filing Menu

Corporate Filing Meny SULKER

Help

4/26/2016 2:24:29 PM From: To: 8506176383(2/4)

COVER LETTER

то:	Registration Section Division of Corporation	nns				
SIIB IE	SFCR LLC					
30000		Name of	Limited Liability	Company	alam tagayar yang alam alam alam alam alam alam alam ala	
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Please	etum all correspondence	concerning this matter to the	following:			
	Diane Cahill					
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	1100 Ridgewa	y Loop Road, 2nd Floor				
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	Memphis, TN	38120				
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	diane.cahill'तुं se	-				
	٠٠٠ والمربوجةوات ويرميع الطائفات	L-mail address; (to be used	for future annual	report not	ification)	
For furt	her information concerning	g this matter, please call:				
Diane Cahill		901	415-74	00 time Telephone Number		
	Name (of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton Bi 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclose	d is a check for the follow □ \$125.00 Filing Fec	ing amount: © \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filin Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & 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:

SFCR LLC	ALICE WITH SWILL FORDS	•				
(Name of For	eign Limited Liability Company; mus	et incli	ide "Limited Lia	bility Company," "L.L.C.," or	- "LLC")	
(If nome unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose " or "LLC.")	of tr	insacting busine	ss in Floride. The alternate par	me musi in	clude "Limited
2. Tennessee		3.	61-1776745			
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicable)	
4. Upon Filing						
	(Date first transacted busine (See sections 605,0904 & 605)	ss in l 0905,	lorida, il prior te P.S. to determin	o registration.) e penulty (lability)	_	•
5						
1100 Ridgeway Loon	Road, Memphis, TN 38120					
	(Street Address of P	rincip	al Office)		-	
6		·				
1100 Ridgeway Loop	Road, Memphis, TN 38120					
	(Mailing A	ddres	<u>s)</u>		-	
7. Name and street addres	ss of Florida registered agent: (P.	O. Bo	x NOT accept	able)		
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road				:	-
Office Address.	Plantation		,	- 33174		් ≫
	(City)			Florida 33324 (Zip code)		70
Registered agent's accep	4				č	(N)
Having been named as re designated in this annifol	tance: gistered agent and to accept serv tion, I hereby accept the appoints	ice of went	process for the	e above stated limited liab- went and agree to get in th	ility comp is canaci	oony at the place to Asforther agree
to complywith the provision	ons of all statutes relative to the p					
	ny position as registered agent. C T Corporation Sy	stem	no Ma	910	- Earr	ne š M. Halpi
	By:		Jan 191	NUJ-	− ∰Ass	istant Secretary
	(Kegisio	ica pi	ight's signature)			•
•	city and address of the person(s)		ias/have author	ity to manage is/are:		
	ment Services, Inc., Sole Membe	1				-
1100 Ridgeway Loop Ros	id, Memphis, TN 38120		· · · · · · · · · · · · · · · · · · ·	·-········		_
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			maas arrem _{suus} ya <u>a</u> enghaykaan sabi dese birii iyaan ka asasisa		
	of existence, no more than 90 day of which it is organized. (If the ce:					
of the translator must be su	ibmitted)		,			
	Signature	10	model			
	Signature o	of an a	uthorized person)	•	
This document is executed	in accordance with section 605.03	203 () (b), Florida S	Statutes. I am aware that an	y false inf	ormution
ubmitted in a document to	the Department of State constitut	es a ()	nird degree (e)c	my as provided for in \$ 817	.155, F.S	,
	Jason P. Hood, Sceretary					

Typed or printed name of signee



STATE OF TENNESSEE Tre Hargett, Secretary of State Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CT CORPORATION 2390 E CAMELBACK ROAD PHOENIX, AZ 85016

April 26, 2016

Request Type: Certificate of Existence/Authorization

Request #;

0200551

Issuance Date: 04/26/2016

Copies Requested:

Document Receipt

Receipt #: 002668020

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3671296341

\$20.00

Regarding:

SFCR LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 12/15/2016

Status: **Duration Term:** Active Perpetual

Business County: SHELBY COUNTY

Control #:

825082

Date Formed:

12/15/2015

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SFCR LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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Verification # 017089632