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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 149804 7986366

AUTHORIZATION : Camelle on a

COST LIMIT : \$ 125.00

ORDER DATE: May 20, 2016

ORDER TIME : 9:03 AM

ORDER NO. : 149804-015

CUSTOMER NO: 7986366

FOREIGN FILINGS

NAME: STONECREEKSC LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. STONECREEKSC LL			
(Name of Fore	eign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "l	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting or "LLC.")	business in Florida. The alternate name	must include "Limited
2. Nevada	3		
	of which foreign limited liability	(FEI number, if applicable)	
4.			
7	(Date first transacted business in Florida, it (See sections 605.0904 & 605.0905, F.S. to d	prior to registration.) etermine penalty liability)	
5. 1002 East Newport Ce	nter Drive, Suite #200		
Deerfield Beach, Florid			
1000 F-+131 (G	(Street Address of Principal Office)	
6. 1002 East Newport Cer	nter Drive, Suite #200		
Deerfield Beach, Florid			000 € 230 €
	(Mailing Address)	-	7. To 14
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box NOT	_acceptable)	
Name:	Seth Cohen		27 27 ASS
Office Address:	1002 East Newport Center Drive, Suite #200		
•	Deerfield Beach, Florida 33442	, Florida 33442	∞
Registered agent's accept	(City)	(Zip code)	20 5
Having been named as re designated in this applica- to complywith the provision	gistered agent and to accept service of proces tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and co ny position as registerer agent.	tered agent and agree to act in this	capacity. I further agree
	By:	,	
	(Registered agent's sig	mature)	,
8. The name, title or capa	icity and address of the person(s) who has/have	authority to manage is/are:	
Seth Cohen, Manager, 100	02 East Newport Center Drive, Suite #200 Dec	rfield Beach, Florida 33442	·
	,		
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly as of which it is organized. (If the certificate is in abmitted)	uthenticated by the official having cu a foreign language, a translation of t	istody of records in the
	Signature of an authorize	d person .	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), F the Department of State constitutes a third deg	lorida Statutes. I am aware that any tree felony as provided for in s.817.1	false information 55, F.S.
	Seth Cohen		
	Typed or printed name of	signee	



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, STONECREEKSC LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 20, 2016, and is in good standing in this state.

OU TOUR OUT OF THE PARTY OF THE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 23, 2016.

Bulling K. Cegerste

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160523-0436
You may verify this electronic certificate
online at http://www.nvsos.gov/