Division of Corporations

orida Department of State Division of Corporation Float

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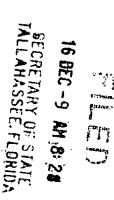
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Foreign Limited Liability Company SCGG NEW GP, L.L.C.

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Corporate Filing Menu

Help

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:

(Name of Fore	gn Limited Liability Company; must include	*Limited Liability Company," *L.L.C., * or *1	LC.")		
If name unavailable, enter alt	ernate name adopted for the purpose of transac or "LLC.")	cting business in Florida. The alternate name	must include	"Limited	
Delaware	2 8	31-3437045			
	of which foreign limited liability	(FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·		
J	(Date first transacted business in Flori	da, if prior to registration.)			
1601 Washington Ave,	(See sections 605.0904 & 605.0905, P.S. #800	. to determine penalty liability)			
Miami Beach, FL 3313					
1601 Washington Ave,	(Street Address of Principal C #800	Mice)	⊼ €9		
Miami Beach, FL 3313	9		L_Y ECS	9 DEC	4.4
	(Mailing Address)		<u> </u>		-170
7. Name and street addres	of Florida registered agent: (P.O. Box]	NOT acceptable)	SSE Y≅Y	Ġ	grace å
Name:	C T Corporation System		E OF	至	
Office Address:	1200 South Pine Island Road		10°1	<u>ي</u> 2	1
	Plantation	, Florida 33324	JATE ORIDA		
Registered agent's accept	(City)	(Zip code)	-		
designated in this applicate complywith the provision accept the obligations of t	gistered agent and to accept service of pr tion, I hereby accept the appointment as a ons of all statutes relative to the proper a my position as registered agent. C T Corporation System	registered agent and agree to act in this	capacity. I	further	agre
	(Registered agent				
•	city and address of the person(s) who has rood Capital Group Global I, L.L.C.	/have authority to manage is/are:			
1601 Washington Ave, #8	00				
Miami Beach, FL 33139					
	of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)				
of the translator must be s					
	Signature of an auti	horized person	•		
of the translator must be so This document is executed	Signature of an aution accordance with section 605.0203 (1) the Department of State constitutes a thir	(b), Florida Statutes. I am aware that any		ation	

Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SCGG NEW GP, L.L.C." 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 EIGHTH DAY OF DECEMBER, A.D. 2016.

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

The state of the s

Authentication: 203470336

Date: 12-08-16