6/28/2017

Division of Corporations

## Florida Department of State

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 Phone : (512)418-6949 Fax Number : (954)208-0845

\*\*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 SPT Prairie 750 BP Drive NE, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUN 2 9 2017

	co	VER LETTER		
TO: Registration Section Division of Corporation	ns			
SPT Prairie 750 BI	Drive NE, LLC			
SOBJECT	Name of	Limited Liability C	ompany	
The enclosed "Application by Fo Existence, and check are submitt	reign Limited Liability Comp ed to register the above refere	nany for Authorizat enced foreign limite	tion to Transact Business in Florida," Ce ed liability company to transact business	rtificat in Flo
Please return all correspondence	concerning this matter to the	following:		·
Andrew.J. Sos	sen			
		ame of Person 50 BP Drive NE, L	ic	
	F	rm/Company		· : ; :
	591 West Putr	am Avenue		
Greenwich	ст	Address	06830	
asossen@starw		tate and Zip Code		
Grannen and American American and American Ameri	E-mail address: (to be use	d for future annual	report notification)	
For further information concerns	ng this matter, please call:			
Andrew J. Sossen		203 at (	422-8191	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	,		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the follo	wing amount:  □ \$130.00 Filing Fee &	□ \$155.00 Filin	ng Fee & [] \$160.00 Filing Fee, Certi	ficate
the gradiev a resting tree	Certificate of Status	Certified Copy		

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SPT Prairie 750 BP Dr	ive NE, LLC	•			
(Name of For	eign Limited Liability Company; must	Include "Limited Liability	Company," "L.L.C.," v	r-LLC.")	
f name unavailable, enter a liability Company," "L.L.C.	ternate name adopted for the purpose	of transacting business in I	lorida. The alternate ru	ime must inch	de "Limited
Delaware	, 5, 425, 1		•	• •	•
•	of which foreign limited liability	<del></del>	El number, il applicable	e)	
,		3 <del>c</del>			
·	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if prior to regi-	stration.) alty liability)		
591 West Putnam Ave	inue	•			
Greenwich, CT 06830			<del></del>		17
	(Struet Address of Pr	incipal Office)			Έ
591 West Putnam Ave	nue			_ 55	F 1L.
Greenwich, CT 06830	)		·	SEC	[7
	(Mailing A	ddress)			: 😤 🧠
. Name and street addre	ss of Florida registered agent: (P.C	D. Box NOT acceptable	)	97	တ္
Name:	C T Corporation System				. <b>ω</b>
Office Address:	1200 South Pine Island Road			•	··
	Plantation	F	lorida 33324		• • • • • • • • • • • • • • • • • • • •
	(City)	**	(Zip code)	<del>-</del> · .	
lesignated in this applicate complywith the provis	egistered agent and to accept servi ation, I hereby accept the appointe ions of all statutes relative to the p my position as registered agent. By: Agnes Broszczak, Asst.	ment as registered agent proper and complete per Secretary	and agree to act in t	this capacity.	I further o
· · · · · · · · · · · · · · · · · · ·	(Registe	med agent's signature)		<del> </del>	
8. The name, title or can	acity and address of the person(s)	who has/have authority t	o manage is/are:		,
•	President 591 West Putnam Avenu	<del>-</del>	=		
				· · · · · · · · · · · · · · · · · · ·	•
			***************************************		
<del></del>					

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 s.817.155, F.S.

Signature of an authorized person.

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPT PRAIRIE 750 BP DRIVE NE, 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2017.

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

6422959 8300

SR# 20174997106

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

Authentication: 202797267

Date: 06-28-17