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J. HARRIS



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: August	14, 2017		Accounts: 120000000000
Name: Marisa K	ugelmann		
Reference #:	A305419	<del></del>	
Entity Name:	SF1 HOL	DINGS LLC	_
✓ Articles of Incorp	oration/Authoriz	ation to Transact Busine	SS
Amendment			
☐ Change of Agent			
Reinstatement			
Conversion			
Merger			
☐ Dissolution/Witho	irawal		
Fictitous Name			
✓ Other	(	Certified Copy upon filing	

CORPORATE HO

Signature:

COGENCY GLOBALING 10 E 40 - 57, 10 1 FL NY NY 10016 800.271.0107 +1.212.947.7200 **⊕EUROPEAN HQ** 

COGENCY GLOBAL (UK) HMHE'D and strate in exclusion (wall is sensing very into 6 BEMIS MARKS, MEL LONDON ECSA 78A 444 (0)20,3786,1090 ASIA PACIFIC HQ

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Authorized Amount: \$155.00

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

## COVER LETTER

Registration Section

TO:

Div	ision of Corporation	ıs				
SUBJECT:	SF1 Holdings LLC					
		Name of I	limited Liability (	Company		
The enclosed Existence, as	d "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizanced foreign limit	tion to Tra ted liability	nsact Business in Florida," Certificat company to transact business in Flor	e of rida
Please return	all correspondence o	oncerning this matter to the	following:			
	Alicia Rotella					
		No	ime of Person		<del></del>	
	Nixon Peabody	LLP				
		Fi	m/Company			
	1300 Clinton S	quare				
			Address		· · · · · · · · · · · · · · · · · · ·	
	Rochester, NY	14604				
		City/St	tate and Zip Code		<del></del>	
	mpape@sigvion.	com				
		E-mail address: (to be used	for future annual	report not	fication)	
For further i	nformation concernin	g this matter, please call:				
			-4.4	`		
_	Name o	f Contact Person	_ at ( Area Code	Day	time Telephone Number	
Div Reg P.C	vision of Corporations gistration Section D. Box 6327 Iahassee, FL 32314			Division of Registrati Clifton Br 2661 Exc	ADDRESS: of Corporations of Section uilding cutive Center Circle ce, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Boxed{\Omega} \\$130.00 \text{ 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 COMPILANCE 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:

If name unavailable, enter akconste o	ame adopted for the purpose of transacting business			выну Сопрану	,""LLC," or "	LLC.")	
2. Delaware		3.	82-2343663				
(Jurisdiction under the law of w	uch foreign limited liability company is organized)		(FEI pun	iber, if applicable	c)	<del>_</del>	
ı							
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	nor to registration.) Intermine penelty lis	iblity)				
2360 Kildare Drive		6. 2	2360 Kildare Drive				
(Street Address of I Chuluota, FL 32766	rincipal Office)	-	(Mailing Ad Chulwota, FL 32766	dress)	14.	201	
Character, 1 L 32700			Shardora, 1 & 32700				•
<del></del>		-	<del></del>	·	>> 75.	ΑŲĞ	_
					35		P
. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT ac	coptable)		$\Omega_{1}^{-1}$	<del>-</del>	ŧ
Name:	Michael Pape				-41 - 4 - 41 - 4	200 200	9
	2360 Kildare Drive				:		,
Office Address:	2500 Kildare 1571VC		- <del></del>		三五元	8: 8:	
	Chuluota		, Florida 32766		٠,٠	~	
o comply with the provisi	tion, I herehy accept the appointme lons of all statutes relative to the pro- s of my position as registered agent	ent as register oper and com	ed agent and agree to ac	t in this cap	pacity. I fu	rther a iliar wi	ice igre ith
o comply with the provisi and accept the obligation	ions of all statutes relative to the prosition as registered agent	ent as register oper and com  Q  Grant seignsture)	red agent and agree to ac eplete performance of my	t in this cap	pacity. I fu	rther a iliar wi	gre
o comply with the provisi and accept the obligation	lons of all statutes relative to the pros s of my position as registered agent Michael Ef	ent as register oper and com  A  Seri's signature)  no has/have as	red agent and agree to ac eplete performance of my	t in this cap duties, and	pacity. I fu	iliar wi	gre
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "SF1 HOLDINGS 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 FOURTEENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SF1 HOLDINGS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2016.

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

6044864 8300 SR# 20175705953

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203052686

Date: 08-14-17