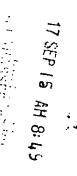
## 1417000007862

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400303385584



SEP 1 8 2017

Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 817673 4341431

AUTHORIZATION : Frank A PARA

COST LIMIT : \$\(\infty\)25./00

ORDER DATE: September 14, 2017

ORDER TIME : 10:01 AM

ORDER NO. : 817673-005

CUSTOMER NO: 4341431

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: SUN VALLEY - VENTURE I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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:

	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LI.C.")
name unavailable, enter alternate ni	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.
Delaware		3 applied for
	nich foreign limited hability company is organized)	(FEI number, if applicable)
	(Date first transacted business in Florida, if prior	lo registration)
4260 E C N L.	(See sections 605.0904 & 605.0905, F.S. to deter	
5. 4350 East Camelback Road, Suite A100 (Street Address of Principal Office)		6. 4350 East Camelback Road, Suite A100 (Mailing Address)
Phoenix, Arizona 85018		Phoenix, Arizona 85018
Name and street addres	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	, Florida 32301 (Zip code)
	(City)	(Zip code)
	ions of all statutes relative to the prop s of my position as registered agent. 11.1	er and complete performance of my duties, and I am familian Melissa Zender
		er and complete performance of my duties, and I am familia
nd accept the obligations	s of my position as registered agent.	er and complete performance of my duties, and I am familian Melissa Zender Asst. Vice President Asst.
nd accept the obligations  3. The name, title or capa	(Registered agent.  (Registered agent.  (Registered agent.)  (Registered agent.)  (Registered agent.)  (Registered agent.)	has/have authority to manage is/are:  Title or Capacity:  Name and I am familian Melissa Zender  Asst. Vice President  Name and Address:
The name, title or capa	(Registered agent.  (Regis	has/have authority to manage is/are:  Title or Capacity:  Melissa Zender  Asst. Vice President  Name and Address:
The name, title or capa	(Registered agent.  (Regis	has/have authority to manage is/are:  Title or Capacity:  Melissa Zender  Asst. Vice President  Name and Address:
The name, title or capa	(Registered agent.  (Regis	has/have authority to manage is/are:  Title or Capacity:  Melissa Zender  Asst. Vice President  Name and Address:
The name, title or capa	(Registered agent.  (Regis	has/have authority to manage is/are:  Title or Capacity:  Melissa Zender  Asst. Vice President  Name and Address:
Title or Capacity:	(Registered agent.  (Regis	has/have authority to manage is/are:  Title or Capacity:  Melissa Zender  Asst. Vice President  Name and Address:
The name, title or capa Title or Capacity: Member	(Registered agent.  (Regis	has/have authority to manage is/are:  Title or Capacity:  Melissa Zender  Asst. Vice President  Name and Address:
The name, title or capa Title or Capacity: Member  Use attachments if necess	(Registered agent.  (Regis	Asst. Vice President Asst. Vic
3. The name, title or capa Title or Capacity: Member  Use attachments if necess.	s of my position as registered agent.  (Registered agent.  (Agent agent.  (Position as registered agent.  (Which it is organized. (If the certification as registered agent.  (Registered	has/have authority to manage is/are:  Title or Capacity:  Melissa Zender  Asst. Vice President  Name and Address:
The name, title or capa Title or Capacity:  Member  Use attachments if necess.  Attached is a certificate prisdiction under the law of the translator must be such. This document is executed.	with the certific and secondaries of my position as registered agent.  (Registered agent.  (Proposition as registered agent.  (Registered agent.  (Agent agent)  (Agent agent agent agent.  (Agent agent a	Asst. Vice President Asst. Vic

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUN VALLEY-VENTURE I, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUN VALLEY-VENTURE I, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2017.

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

EP 18 AH 8: 45

Authentication: 203218468

Date: 09-13-17