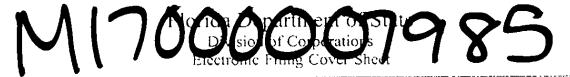
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850) 617-6393 From: Account Name : C T CORPORATION SYSTEM Account Number: FCA00000003 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 Email Address: A manageries of the state of th Foreign Limited Liability Company

Sawgrass IP H LLC

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J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Sawgrass IP II ELC	
Name of Limited Liability Company		
Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this matter to the following:	
	Yvonne Owens	
	Name of Person	
Pirm/Company		
	300 N Main Street, Ste 402	
Address		
	Greenville SC 29601	
City/State and Zip Code		
	yowens@islecap.com	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Yvonne Owens 864 331-0307	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:  Division of Corporations  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	
Enclo	ed is a check for the following amount:  \$\Boxed{15}\$ \$125.00 \text{ Filing Fee} \Boxed{15}\$ \$130.00 \text{ Filing Fee} & \Boxed{15}\$ \$155.00 \text{ Filing Fee} & \Boxed{15}\$ \$160.00 \text{ Filing Fee}, Certificate \text{ Certified Copy} \text{ of Status & Certified Copy}	

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

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESON, LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L Sawgrass IP II LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name intervalible, enter alternate name adopted for the purpose of transacting business to Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC," 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign funited kability company is organized) Upon qualification (Date first transported business in Figuria, if price to registration.) (See sections 605,0904 & 605,0905, F.S. to determine ponalty liability) 1601 Forum Place, Suite 200 1601 Forum Place, Suite 200 (Mailing Address) (Skeel Address of Principal Office) West Palm Beach, FL 33401 West Palm Beach, FL 33401 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name 1200 South Pine Island Road Office Address: Plantation (Cas) Registered agent's acceptance: Having been named as registered agent and to accept scrvice of process for the above stated limited Hability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. athan Gusten Nathan Giffin - Asst Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Sawgrass JV LLC Sole member 1601 Forum Place, Suite 200 West Palm Beach, FL 33401 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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 \$.817.155, F.S. Yvonne Owens

Typed or printed warm of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAWGRASS IP II 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2017.

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

26°

6521144 8300 SR# 20176227737 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203249496

Date: 09-19-17