# 11/70000090/4

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K. SALY OCT 2 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 879974 7569274

AUTHORIZATION :

COST LIMIT : \$ (1/25.00

ORDER DATE: October 23, 2017

ORDER TIME : 3:08 PM

ORDER NO. : 879974-005

CUSTOMER NO: 7569274

#### FOREIGN FILINGS

NAME: ILUMINAD LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 6/5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Iluminad LLC	SINESS IN THE STATE OF FLORIDA:		
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "Ll.C.")	
(If name unavailable, enter alternate n	atte adopted for the purpose of transacting business in	Florida, The alternate name must include "Limited Liability Companies"	y," "L.L.C," or "LLC.")
2. Delaware		3	
(Jurisdiction under the law of w	hich foreign limited lisbility company is organized)	(FE) number, if applicat	nle)
4. upon filing			13 B
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	to registration.) rmane penalty liability)	10 To
5. 4501 Gulf Shore Boule		6. 4501 Gulf Shore Boulevard N.	
(Sireet Address of Principal Office) Naples, FL 34103		(Mading Address) Naples, FL 34103	73. 73
Napics, 11: 54105		111/103,112.341.03	
7 Name and street addres	s of Florida registered agent: (P.O. B	ox NOT accentable)	2 P
	Corporation Service Company	on <u>1.01</u> 20comanie,	
Name;	Corporation service Company		
Office Address:	1201 Hays Street		i :
	Tallahassee	, Florida 32301 (Vip code)	
Registered agent's accep	(City)	(Vip code)	
designated in this applica to comply with the provise	tion, I hereby accept the appointment	of process for the above stated limited liability tas registered agent and agree to act in this cases and complete performance of my duties, and complete performance of my duties, and complete performance of my duties.	pucity. I further agree
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who  Name and Address:		and Address:
Manager	SCP I Associates, Inc.		
	8391 Old Courthouse Road		
	Vienna, VA 22182		
		<del></del>	
(Use attachments if neces	sary)		
	of which it is organized. (If the certific	d, duly authenticated by the official having cust cate is in a foreign language, a translation of the	
		203 (1) (b), Florida Statutes, I am aware that any	

Steven S. Snider, Secretary of SCP I Associates, Inc., General Partner

Typed or printed name of signee

Page 1

# <u>Delaware</u>

### The First State

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

DELAWARE, DO HEREBY CERTIFY "ILUMINAD 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-THIRD DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILUMINAD LLC"
WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2015.

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

2017 OCT 23 AM 9: 21



Authentication: 203442808

Date: 10-23-17

5796578 8300 SR# 20176740329

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