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COVER LETTER

TO: Registration Section Division of Corporations

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SBCG Diverse Short Term Fund I, LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Dustin Lauer

Name of Person

StoneBridge Capital Group, LLC

Firm/Company

2699 Lee Rd. Suite 120

Address

Winter Park, FL 32789

City/State and Zip Code

dustin@stonebridgecapitalgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Lauer		407	955-420	3
Name c	of Contact Person	at () Area Code	Dayt	ime Telephone Number
MAILING ADDRESS:		S	TREET	ADDRESS:
Division of Corporations	5	Ľ	Division o	f Corporations
Registration Section				on Section
P.O. Box 6327		(lifton Bu	ilding
Tallahassee, FL 32314		2	661 Exec	utive Center Circle
		Т	Tallahasse	e, FL 32301
Enclosed is a check for the follow	ring amount:			
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	 S155.00 Filing Certified Copy 	Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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	erm Fund I, LLC		
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC,"	}
name unavailable, enter alternate o	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LI.C.")
Delaware		3. 37-1863344	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ι ΕΕΙ πυπ	nber, (l'applicable)
	(Date first transacted business in Florida of moritoin	evistration)	
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605.0905, F.S. to determine		
1209 Orange Street (Street Address of	Propage () ()	6. 2699 Lee Rd. Suite 120 (Mailing Ad	
Wilmington, DE 1980	•	Winter Park, FL 32789	
			```
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	-1 -0 '
Name:	StoneBridge Capital Group, LLC		- File State
Office Address:	2699 Lee Rd. Suite 120		· · · · · ·
	Winter Park	Florida 32789	•
	(City)	Florida 32789 (Zip co rocess for the above stated limited	
esignated in this applica comply with the provis	(City)	(Zip co rocess for the above stated limited registered agent and agree to ac and complete performance of my	d liability company at the pl t in this capacity. I further of
laving been named as re esignated in this applica o comply with the provis nd accept the obligation 8. The name, title or cap	(City) optance: egistered agent and to accept service of p attion, I hereby accept the appointment as sions of all statutes relative to the proper is of my position as registered agent. (Registered agent's s racity and address of the person(s) who has	(Zip co rocess for the above stated limited registered agent and agree to ac- and complete performance of my ignature) s/have authority to manage is/are:	d liability company at the pl t in this capacity. I further t duties, and I am familiar w
laving been named as re esignated in this applica o comply with the provis nd accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	(City) egistered agent and to accept service of p ation, I hereby accept the appointment as tions of all statutes relative to the proper- its of my position as registered agent. (Registered agent's s racity and address of the person(s) who has <u>Name and Address:</u>	(Zip co rocess for the above stated limited registered agent and agree to ac and complete performance of my gaature)	d liability company at the pl t in this capacity. I further of
laving been named as re esignated in this applica o comply with the provis nd accept the obligation 8. The name, title or cap	(City) optance: egistered agent and to accept service of p attion, I hereby accept the appointment as sions of all statutes relative to the proper is of my position as registered agent. (Registered agent's s racity and address of the person(s) who has	(Zip co rocess for the above stated limited registered agent and agree to ac- and complete performance of my ignature) s/have authority to manage is/are:	d liability company at the pl t in this capacity. I further t duties, and I am familiar w
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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 s.817.155. F.S.

Signature of an authorized person

Dustin Lauer

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SBCG DIVERSE SHORT TERM FUND 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 FIFTEENTH DAY OF AUGUST, A.D. 2017.



Secretary of State

Authentication: 203064227 Date: 08-15-17

Page 1

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SR# 20175663804 You may verify this certificate online at corp.delaware.gov/authver.shtml