(Requestor's Name) 900305492179 lahassee, FI 32308 (City/State/Zip/Phone #) PICK-UP X MAIL WAIT 11/09/17--01002--003 (Business Entity Name) . . (Document Number) Certified Copies Certificates of Status _ Special Instructions to Filing Officer: Mail addiress above Office Use Only TIOS & O VON

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		ration Section on of Corporations				İ	3
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) 1E/C		AP FL 2, LLC					'
JECT: Name of Limited Liability Company							
- nelo	bear	Analication by Fore	ian Limited Liability Con	nnany for Authoriza	tion to Transact Business in Flo	orida.	Certifica
tence	, and	check are submitted	to register the above refe	renced foreign limit	ed liability company to transact	busi	ess in Flo
ce ref	urn di	l correspondence co	oncerning this matter to th	e following:	•	,	
SC 160	.01.11	r correspondence et	meering this matter to th	e ronowing.			
		John M. Smith,	Jr.				
			ì	Name of Person			
				•			
	ŀ			Firm/Company	11		!
			ļ			'	
		555 Old School					
				•			
		Address					
	ŀ	Gulf Stream, FL	, 33483			1	
			City/	State and Zip Code		;	
		imain!@amail.aa	·				
		jmsjr1@gmail.com				<u> </u>	
			E-mail address: (to be us	ed for future annual	report notification)		
furthe	er inte	rmation concerning	this matter, please call:			i	,,
	Iohn	M. Smith, Jr.		479	459-7069		
_	301111			at ()	_ ; . -	
		Name of	Contact Person	Area Code	Daytime Telephone Num	ibeτ	
		ING ADDRESS:			STREET ADDRESS:	İ	
		on of Corporations	•		Division of Corporations Registration Section	1	1 1
		ration Section fox 6327			Clifton Building	1	1 1
		assee, FL 32314			2661 Executive Center Circle		
			•		Tallahassee, FL 32301		,
losed	is a d	neck for the followi	ng amount:				}
		5.00 Filing Fee	☐ \$130.00 Filing Fee &	□ \$155.00 Filir			
			Certificate of Status	Certified Copy	of Status & Certific	ed Co	рy
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APPLICATION BY FOI	REIGN LIMITED LIABILITY COI IN FI	MPANY FOR AUTHORIZAȚIO LORIDA	N TO TRANSACT BUSINESS
	ION 605.0902, FLORIDA STATUTES, THE F SINFSS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGIS	TIER A FORFÄGN LIMITED LIABILIT
SAP FL 2, LLC			
(Name of Foreign L	amited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC."	"
Cairman alla la la cara alta anno a na	ne adopted for the purpose of transacting business in Fl	orids. The alternate name must include "Limited Li	iability Company,"("L I C." or "LLC.")
Delaware	a adopted for the purpose of the proving a second of	3	
(Jurisdiction under the law of who	ch foreign limited liability company is organized)	(FEI nur	nber, if applicable)
	(Date first transacted business in Florids, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration.) nine penalty liability)	
555 Old School Road	,	6 555 Old School Road	
(Street Address of Pri	ncipal Office)	(Mailing Ad	dress)
Gulf Stream, FL 33483		Gulf Stream, FL 33483	生:一寸
·	· · ·		<u> </u>
		NOT	
Name and street address	of Florida registered agent: (P.O. Bo.	x NOT acceptable)	14 1
Name:	C T Corporation System	_ 	
Office Address:	1200 South Pine Island Road		
Office Address.	Di	22274	Co
	Plantation (City)	, Florida 33324(Zip.cc	ode)
egistered agent's accept	nnce:	` '	
aving been named as reg	istered agent and to accept service of	process for the above stated limite	d liability company at the place
esignated in this applically comply with the provision	ion, I hereby accept the appointment ons of all statutes relative to the prope	as registerea agent and agree to ac ir and complete performance of my	t in this capacity of juriner agree duties, and I am familiar with
	of my position or registered agent.	/	
	Xin Bullo	les asex se	
·	(Registered Belt:	s rignature)	
The name little or canac	city and address of the person(s) who h	has/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	John M. Smith, Jr.		1 1
<u> </u>	555 Old School Road		
	Gulf Stream, FL 33483	-	· · · · · · · · · · · · · · · · ·
•			,
•			<u> </u>
· 1		_	
Jse attachments if necess	ary)		
ĺ		Hills and and aread his the advising h	and a supple due of Leaguerde in the
Attached is accertificate or risdiction under the law or the translator must be sul	of existence, no more than 90 days old If which it is organized. (If the certifical hmitted)	, duly authenticated by the official rate is in a foreign language, a transla	ation of the certificate under oath
· •			
. This document is execu	ted in accordance with section 605.020)3 (1) (b), Florida Statutes. I am awa	are that any false information
ibmitted in a document to	the Department of State constitutes a the	into degree teriony as provided for if	13.017.130, F.D.
	· John	Im Homethy	
	Signatur	e of an authorized person	
	John M. Smith, Jr.		
'		or printed name of signee	
. t	,,,,,,,		1 1

Delaware

Page 1

The First State

DELAWARE, DO HEREBY CERTIFY "SAP FL 2, LLC" IS DULY FORMED UNDER

THE DAWS 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 SECOND DAY OF NOVEMBER, A.D. 2017.

6601670 8300

SR# 20176903042

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

Jeffrey W. Buffoct, Secretary of State

Authentication: 203507192

Date: 11-02-17