117000009797

(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:
W17-91887 Cuo+RASign

Office Use Only



800305529648

11/15/17--01003--004 **130.00

2017 NOV 17 PM 6: 06
SECRETARY OF STATE

60 :4 EM 11 ABN 1107

K. SALY NOV 1 7 2017

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	kyway Group SPE	I, LLC			
		Name of	Limited Liability C	ompany	
					nsact Business in Florida," Certificate company to transact business in Flori
Please return al	l correspondence o	concerning this matter to the	following:		
	Kyle Schroeder	.			
		N'	ame of Person		
	Skyway Group	SPE I, LLC			
		Fi	rm/Company		
	2909 W Bay to	Bay Blvd, Ste 300			
			Address		
	Tampa, FL 336	29			
		City/S	tate and Zip Code		
	bcaulfield@skyv	vaygroupfunds.com			
		E-mail address: (to be use	for future annual	report not	ification)
For further info	rmation concernin	g this matter, please call:			
Kyle	Schroeder		813 at ()	-9600
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Divisi Regist P.O. E	ING ADDRESS; on of Corporations ration Section Box 6327 cassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle iee, FL 32301
	heck for the follow 25.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA;

name unavailable, enter alternate re	one adopted for the purpose of transacting business in f	lorida. The alternate name must include "Li	mited Liability Company," "L. L.C.," or "LLC.")	
Delaware		3.	2-3387234	
(Jurisdiction under the law of wh	ich föreign linnted liability company is organized)	J	(FEI mumber, if applicable)	
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration.)		
2909 W Bay to Bay Bi	vd. Ste 300	6. 2909 W Bay to Bay	Blvd, Ste 300	
(Street Address of P	niicipal Office)	(Mailing Address)		
Tampa, Fl. 33629		Tampa, FL 33629	2	
				
			572	
Name and street address	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)	SSEE. FLORE	
Name:	NRAI Services, Inc.		104	
O.00 - 4-11	1200 South Pine Island Road		1876	
Office Address:				
	Plantation	, Florida <u>333</u>	_ , Florida 33324 (Zin code)	
egistered agent's accep	(City)		(Zip code)	
	Jennifer Ouinn Ass	istant Secretary		
	Jennifer Quinn, Ass		<u> </u>	
	(Registered agen	's signature)	<u> </u>	
. The name, title or capa	(Registered agen-	's signature) has/have authority to manage i		
	(Registered agen neity and address of the person(s) who Name and Address:	has/have authority to manage i <u>Title or Capacity:</u>	Name and Address:	
. The name, title or capa	(Registered agen neity and address of the person(s) who Name and Address: Bryan Crino	's signature) has/have authority to manage i	Name and Address: Scott Feuer	
The name, title or capa	(Registered agen neity and address of the person(s) who Name and Address:	has/have authority to manage i <u>Title or Capacity:</u> Manager	Name and Address:	
The name, title or capa	(Registered agenority and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd	has/have authority to manage i <u>Title or Capacity:</u> Manager	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd	
The name, title or capa	(Registered agenority and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd	has/have authority to manage i <u>Title or Capacity:</u> Manager	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd	
. The name, title or caps Title or Capacity:	(Registered agenority and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd	has/have authority to manage i <u>Title or Capacity:</u> Manager	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd	
The name, title or capa <u>Title or Capacity:</u> Manager	(Registered agen neity and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd Ste 300 Tampa FL 33629	has/have authority to manage i <u>Title or Capacity:</u> Manager	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd	
The name, title or capa Title or Capacity: Manager Use attachments if neces	(Registered agenoticity and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd Ste 300 Tampa FL 33629 sary)	has/have authority to manage in Title or Capacity: Manager	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336	
The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate	(Registered agenoticity and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd Ste 300 Tampa FL 33629 sary) of existence, no more than 90 days of	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the of	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336	
The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law	Registered agenticity and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd Ste 300 Tampa FL 33629 sary) of existence, no more than 90 days of of which it is organized. (If the certific	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the of	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336	
The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law of the translator must be seen	Registered agenticity and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd Ste 300 Tampa FL 33629 sary) of existence, no more than 90 days of of which it is organized. (If the certification with the certification of which it is organized.)	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the officate is in a foreign language, a	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336 ficial having custody of records in the translation of the certificate under of	
The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law the translator must be so. This document is executed.	sary) selection and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd Ste 300 Tampa FL 33629 sary) sof existence, no more than 90 days of of which it is organized. (If the certification is organized) selection accordance with sociour 695.02	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the officate is in a foreign language, a	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336 ficial having custody of records in the translation of the certificate under of the aware that any false information	
The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law of the translator must be so. This document is executed the content of the translator must be so.	Registered agenticity and address of the person(s) who Name and Address: Bryan Crino 2909 W Bay to Bay Blyd Ste 300 Tampa FL 33629 sary) of existence, no more than 90 days of of which it is organized. (If the certification with the certification of which it is organized.)	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the officate is in a foreign language, a	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336 ficial having custody of records in the translation of the certificate under of the aware that any false information	
The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law of the translator must be so. This document is execution.	sary) sof existence, no more than 90 days of of which it is organized. (If the certificularitied) so the Department of State constitutes a	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the officate is in a foreign language, a third degree felony as provided	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336 ficial having custody of records in the translation of the certificate under of the aware that any false information	
The name, title or capa Title or Capacity: Manager Use attachments if neces Attached is a certificate risdiction under the law of the translator must be so	sary) sof existence, no more than 90 days of of which it is organized. (If the certificularitied) so the Department of State constitutes a	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the officate is in a foreign language, a	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336 ficial having custody of records in the translation of the certificate under of the aware that any false information	
Title or Capacity: Manager Use attachments if neces Attached is a certificate urisdiction under the law of the translator must be s 0. This document is executed the second control of the translator must be second control of the translator	sary) sof existence, no more than 90 days of of which it is organized. (If the certificularitied) so the Department of State constitutes a	has/have authority to manage in Title or Capacity: Manager d, duly authenticated by the officate is in a foreign language, a third degree felony as provided	Name and Address: Scott Feuer 2909 W Bay to Bay Blyd Ste 300 Tampa FL 336 ficial having custody of records in the translation of the certificate under of the aware that any false information	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SKYWAY GROUP SPE I, LLC" IS DULY

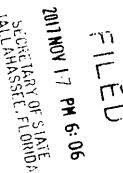
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYWAY GROUP SPE I, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2017.

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



6602182 8300 SR# 20177122090

Authentication: 203583992

Date: 11-16-17



November 16, 2017

KYLE SCHROEDER SKYWAY GROUP SPE I, LLC 29009 W BAY TO BAY BLVD, STE. 300 TAMPA, FL 33629

SUBJECT: SKYWAY GROUP SPE I, LLC

Ref. Number: W17000091887

We have received your document for SKYWAY GROUP SPE I, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00023330

Karen A Saly Regulatory Specialist II

www.sunbiz.org