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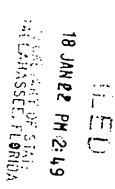
(Re	questor's Name)					
(Address)						
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## COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJE	SRP 2013-E	, LLC					
100000		Name of	f Limited Liability Com	ipany			
				to Transact Business in Florida," Certificate of liability company to transact business in Florida.			
Please	return all correspon	dence concerning this matter to th	e following:				
	Brian 8	Newman					
	Name of Person						
	Shelving Rock, LLC						
	Firm/Company						
	3 Corporate Drive, Ste 208						
Address							
	Shelton, CT 06484						
City/State and Zip Code							
	bnewmar	@shelvingrock.com					
		E-mail address: (to be us	ed for future annual rep	ort notification)			
For fur	rther information co	neerning this matter, please call:					
	Brian Newman		866 5	598-2546			
		Name of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Di Re Cli 26	Vision of Corporations Significant Section Sig				
Enclos	sed is a check for the	e following amount: Fee S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing For Certified Copy	ee & \$\Bigsim \$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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SRP 2013-E, LLC	Elmited Etability Company: must include "Limited	Liability Company," "L.L.C.," or "L.L.C.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limited Liab	oility Company," "L.L.C," or "LLC,")	
2 Delaware		3. 80-0916459		
<b>-</b> ·	hich foreign limited liability company is organized)	3. (FE) numb	er, if applicable)	
4. January 1, 2018				
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration ) e penalty liability)		
5. SRP 2013-E, LLC		6. SRP 2013-E, LLC		
(Street Address of	•	(Mailing Addr	•	
601 Brickell Key Drive, Suite 700		601 Brickell Key Drive, Suite 700		
Miami, FL 33131	····	Miami, FL 33131		
<ol> <li>Name and <u>street address</u></li> <li>Name:</li> </ol>	S of Florida registered agent: (P.O. Box  CT Corporation System	NOT acceptable)		
Office Address:	1200 South Pine Island Road			
	Plantation	. Florida 33324 (Zip code		
to comply with the provisi	tion. I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  Cadua Prafaramandice P	and complete performance of my o	duties, and I am familiar with	
	(Registered agent's sig	Suzime)		
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who has Name and Address:	/have authority to manage is/are: Title or Capacity:	Name and Address:	
Manager	Brian Newman		3	
	601 Brickell Key Dr., Ste 700 Miami, FL 33131			
(Use attachments if neces	sary)			
	of existence, no more than 90 days old, d of which it is organized. (If the certificate ubmitted)			
	uted in accordance with section 605.0203 of the Department of State constitutes a thir			
	Signature of	fan authorized person		

Brian Newman

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 "SRP 2013-E, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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

18 JAN 22 PH 2: 49



Authentication: 201980658

Date: 01-17-18

5281863 8300 SR# 20180295719