118000000692

(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:

Office Use Only



700307939087

01/22/18--01031--003 **130.00

18 JAN 22 PH 2: 49

JAN 23 2016

Y SULKER

COVER LETTER

ł

TO:	Registration Sect Division of Corpo			
SUBJE	SRP 2012-7,	LLC		
		Name of	Limited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida.
Please	return all correspond	dence concerning this matter to the	following:	
	Brian N	lewman		
		N	ame of Person	
	Shelving	g Rock, LLC		
		F	irm/Company	
	3 Согро	rate Drive, Ste 208		
			Address	
	Shelton,	CT 06484		
		City/S	tate and Zip Code	
	bnewman	@shelvingrock.com		
		E-mail address: (to be use	d for future annual report no	tification)
For fur	ther information cor	ncerning this matter, please call:		
	Brian Newman		866 598-25	46
		Name of Contact Person	Area Code Day	time Telephone Number
	MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, Fl. 3	orations on	Division Registrat Clifton F 2661 Exc	F ADDRESS: of Corporations ion Section Building ceutive Center Circle see, FL 32301
Enclos	ed is a check for the □ \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

(Name of Foreign	Limited Liability Company; must include "Limited	Liability	Company," "L.L.C.,"	or "LLC.")				
name unavailable, enter alternate n.	aine adopted for the purpose of transacting business in Floric	ia The alt	ernate name must include	Limited Liabili	у Соптрану,	" "L.,[. (C," or "Ll	LC.")
Delaware		3.	90-0888393	· · · · · ·				
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)			(FEI manber,	(fapplicable)		
January 1, 2018				<u>-</u> .				
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	e penalty li	iability)					
SRP 2012-7, LLC		6.	SRP 2012-7, LLC					_
(Street Address of P	•		o 601 Brickell Key I	Mailing Address Drive: Suite				
Miami, FL 33131	. Salte 700	-	Miami, FL 33131		-			_
		-						_
Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	cceptable)					
	-	<u> </u>	oog/www.					
Name:	CT Corporation System		<u>.</u>					
Office Address:	1200 South Pine Island Road							
Office Address.								
Office Address.	Plantation		 Florida 33	3324				
egistered agent's accep laving been named as re esignated in this applica	(City) tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as	registe	red agent and agr	(Zip code) Id limited li ree to act in	this cap	acity	. M uri	ther agree
egistered agent's accep laving been named as re esignated in this applica- comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper o s of my position as registered agent.	registe and cor	for the above state red agent and agr	(Zip code) Id limited li ree to act in ce of my du	this cap ties, and	acity Yan ≺	. Huri n fil mil	ther agree
egistered agent's accep laving been named as re esignated in this applica- comply with the provisi	(City) tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ons of all statutes relative to the proper o	registe and cor ignat	for the above state red agent and agr nplete performand	(Zip code) Id limited li ree to act in ce of my du	this cap ties, and	acity Yan ≺	r H uri 1 H nil 1 10 12	ther agree iar with
egistered agent's accep laving been named as re esignated in this applica comply with the provisi nd accept the obligations	tance: gistered agent and to accept service of prition, I hereby accept the appointment as ons of all statutes relative to the proper of a factorial agent. Candice P	registe and con ignation gnature)	for the above state red agent and agr nplete performand aro, Asst. S	(In code) If limited li we to act in we of my du secretar	this cap ties, and	acity Tan Con	######################################	ther agree lar with
egistered agent's acceptaving been named as resignated in this applicate comply with the provisind accept the obligations. The name, title or capa	tance: gistered agent and to accept service of prition. I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. Candice P (Registered agent's sincity and address of the person(s) who has	registe and con ignation gnature)	for the above state red agent and agr applete performance aro, Asst. S	(In code) If limited li we to act in we of my du secretar	this conditions and series, and series, and series, or series, FLORID,	acity Tan Con	######################################	ther agree lar with
egistered agent's acceptaving been named as resignated in this applicate comply with the provisiond accept the obligations. The name, title or capacity:	tance: gistered agent and to accept service of prion, I hereby accept the appointment as ons of all statutes relative to the proper of sof my position as registered agent. Candice P (Registered agent's sincity and address of the person(s) who has Name and Address:	registe and con ignation gnature)	for the above state red agent and agr applete performance aro, Asst. S	(In code) If limited li we to act in we of my du secretar	this conditions and series, and series, and series, or series, FLORID,	acity Tan Con	######################################	ther agree lar with
egistered agent's acceptaving been named as resignated in this applicate comply with the provisiond accept the obligations. The name, title or capacity:	gistered agent and to accept service of prison, I hereby accept the appointment as ons of all statutes relative to the proper of sof my position as registered agent. Candice P (Registered agent's sincity and address of the person(s) who has Name and Address: Stephen Lamando 601 Brickell Key Dr., Ste 700	registe and con ignation gnature)	for the above state red agent and agr applete performance aro, Asst. S	(In code) If limited li we to act in we of my du secretar	this conditions and series, and series, and series, or series, FLORID,	acity Tan Con	######################################	ther agree lar with
egistered agent's acceptaving been named as resignated in this applicate comply with the provisiond accept the obligations. The name, title or capa Title or Capacity: Manager	gistered agent and to accept service of protion. I hereby accept the appointment as one of all statutes relative to the proper of of my position as registered agent. Candice P (Registered agent's sincity and address of the person(s) who has Name and Address: Stephen Lamando 601 Brickell Key Dr., Ste 700 Miami, FL 33131	registe and con ignation gnature)	for the above state red agent and agr applete performance aro, Asst. S	(In code) If limited li we to act in we of my du secretar	this conditions and series, and series, and series, or series, FLORID,	acity Tan Con	######################################	ther agree lar with
egistered agent's acceptaving been named as resignated in this applicate comply with the provising accept the obligations. The name, title or captarity: Manager	tance: gistered agent and to accept service of prition, I hereby accept the appointment as ons of all statutes relative to the proper of of my position as registered agent. Candice P (Registered agent's sincity and address of the person(s) who has Name and Address: Stephen Lamando 601 Brickell Key Dr., Ste 700 Miami, FL 33131 Brian Newman 601 Brickell Key Dr., Ste 700 Miami, FL 33131	registe and con ignation gnature)	for the above state red agent and agr applete performance aro, Asst. S	(In code) If limited li we to act in we of my du secretar	this conditions and series, and series, and series, or series, FLORID,	acity Tan Con	######################################	ther agree lar with

Typed or printed name of signee

Signature of an authorized person

Brian Newman

Page 1

Delaware The First State

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

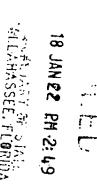
DELAWARE, DO HEREBY CERTIFY "SRP 2012-7, LLC" IS DULY FORMED UNDER

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.



at corn delaware gov/aut

Authentication: 201980837

Date: 01-17-18

5212934 8300 SR# 20180296587