Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000355763)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 517-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3335 Fax Eumber : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Addrass: Email

Foreign Limited Liability Company SRP 2018-E, LLC

الأوالي الربارة والمراجع والترازي والترازي والمنازع والمنازع والمنازع والمنازع والمنازع والمنازع والمنازع	-	
Certificate of Status		0
Certified Copy		1
Page Count		03
Estimated Charge		\$155.00

RECEIVED

JAN 3 0 2018

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 3 1 2018

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

	ISINGS IN THE STATE OF FLORIDA:			
" (Name of Poreign	Dimited Unbillity Company, must include "Cimited	Liebilliy Compa	y,""LLC," G"LLC.")	
(if name unavailable, enter electrics o	ame adapted for the purpose of transacting business is Flor	lds. The electricity ex	rana lactude "Lleaked Lie	allity Company," "L.L.C," or "LLC,")
Delaware		_{3.} 82	4206864	
(lurisdiction ruder the law of w	nich foreign findliss Habbilly company is organized)	·	(Ak) urini	Sir, (FappBeable)
4. January 19, 2018				
	(Date fürst insannttad business in Picetida, il juilor to e (See sections 635 0904 & 603 0905, F.S. to determin			
601 Brickell Key Driv	<u> </u>	6. 601 B	ickell Key Drive	
(Street Address of	Principal Office)	Suite '	(Nation Add	ress)
Suite 700	_ 			
Mlaml, FL 33131		Miami	FL 33131	
	and the state of t	MOT	L _{Ia}	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	Biej	
Nane:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plautation		Florida 33324	
	(Cly)		(Zip cue	fs) ·
and accept the obligation	tion, I nersely necessiving appointment at lone of all statutes relative to the proper is of my position agreeistered weeth.	/		
	Cresimere agent's	signature)	aurenkre Ace Presidi	ATZ
 The name, title or cap Title or Capacity; 	11/mm 4/2	a/hava sutliori		Name and Address:
	acity and address of the person(s) who he Name and Address: Stephen Lamando	a/hava sutliori	ty to manage la/are:	
Title or Canacity:	acity and address of the person(s) who he Name and Address:	a/hava sutliori	ty to manage la/are:	
Title or Canacity:	acity and address of the person(s) who he Name and Address: Stophen Lamando 601 Brickell Key Dr. Ste 700	a/hava sutliori	ty to manage la/are:	
Title or Canacity:	acity and address of the person(s) who he Name and Address: Stophen Lamando 601 Brickell Key Dr. Ste 700	a/hava sutliori	ty to manage la/are:	
Title or Canacity:	acity and address of the person(s) who he Name and Address: Stophen Lamando 601 Brickell Key Dr. Ste 700	a/hava sutliori	ty to manage la/are:	
Title or Canacity: Manager Manager (Use attachments if neces	acity and address of the person(s) who he Name and Address: Stephen Lamando 601 Hrickelf Key Dr. Ste 700 Idimul, El. 33131	A/hava sutilori	ty to manage is/are: Gennetivi	Name and Address:
Title or Canacity: Manager (Use attachments if necess 9. Attached is a certificate jurisdiction under the law	Acity and address of the person(s) who he Name and Address: Stephen Lamando 601 Hrickelf Kay Dr. Ste 700 Idimul. Fl. 33131 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificat	A/hava sutilori	ty to manage is/are: Gennetivi	Name and Address:
Manager (Use attachments if necessity of the translator must be seen as the translator must	Acity and address of the person(s) who he Name and Address: Stephen Lamando 601 Hrickelf Kay Dr. Ste 700 Idimul. Fl. 33131 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificat	duly authentic	ty to manage is/are: Conncity: ated by the official had language, a transla	Name and Address: aving custody of records in the aton of the certificate under oather that any false information
Manager (Use attachments if necessity of the translator must be seen as the translator must	Stephen Lamando Get Hrickell Koy Dr. Sto 700 Idimul. Fl. 33131 ssory) c of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)	duly authentic	ty to manage is/are: Conncity: ated by the official had language, a transla	Name and Address: aving custody of records in the aton of the certificate under oather that any false information
Title or Canacity: Manager (Use attachments if necessity of the standard is a certificate purisdiction under the law of the translator must be standard to the standard standard to	Registered agent's acity and address of the person(s) who he Name and Address: Stophen Lamando 601 Brickell Key Dr. Ste 700 Idimul, Fl. 33131 ssary) to of existence, no more than 90 days old, of which it is organized. (If the certification of the Department of State countitivies a the state of the Department of State countitivies a the state of the Department of State countitivies a the state of the Department of State countitivies a the state of the Department of State countitivies as the state of the Department of State countitivies as the state of th	duly authentic	ty to manage is/are: Cennclivi ated by the official han language, a translated da Statutes. I am awa	Name and Address: aving custody of records in the aton of the certificate under oather that any false information

Delaw are The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SRP 2018-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 THIRTIETH DAY OF JANUARY, A.D. 2018.

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

SECRÉTARY OF STAIL
DIVISION OF CORPORATIONS
10. IAN 30. AM IO: 51

6701623 8300

SR# 20180583661

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

Jeffrey Hr. Bullace, Sacredary of State

Authentication: 202057591

Date: 01-30-18