M1800000 300

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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HAR 29 MM J. HARRIS

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 114990 4326756							
AUTHORIZATION Spelleman							
COST LIMIT : \$ 130.00							
ORDER DATE: March 13, 2018							
ORDER TIME : 2:36 PM							
ORDER NO. : 114990-010							
CUSTOMER NO: 4326756							
FOREIGN FILINGS							
NAME: SAB BOYNTON HOLDINGS LLC							
XXXX QUALIFICATION (TYPE: LL)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO:	Registration Section Division of Corporation	ıs				
SUBJE	SAB Boynton Hold	_				
		Name of	Limited Liability C	Company		
The end Existend	losed "Application by Force, and check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limit	tion to Tran ed liability	sact Business in Florida company to transact bu	a," Certificate of siness in Florida
Please r	eturn all correspondence o	concerning this matter to the	following.			
		Cal	21/	. <u></u>	Jonathan	Godavn
		N	ame of Person			
	 -	F	irm/Company			
			Address			
		City/S	tate and Zip Code			_
		E-mail address: (to be use	d for future annual	report notif	lication)	_
For furt	her information concernin	g this matter, please call:				
			at (_)	ime Telephone Number	_
	Name o	l Contact Person	at (Dayt	ime Telephone Number	•
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		
Enclose	d is a check for the follow \$125.00 Filing Fee	ring amount: \$\B\$\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, of Status & Certified C	

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:

L SAB Boynton Holding			****			
(Name of Foreign	Limited Liability Company, must include "Lin	nifed Liability Company," 1.1.C," or "LLC	. ")			
If name unavailable, enter alternate n	name adopted for the purpose of transacting business in	Florida The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC ")			
2. Delaware		3 82-4206882				
(Jurisdiction unifer the law of w	hich loreign lunited liability company is (rganized)	(FEI n	(FCI number, if applicable)			
4.						
	(Date last transacted business in Florids, if prior (See sections 005,0904 & 605,0905, F.S. to dete	r to registration.) ennure penalty liability)				
300 First Stamford Pla		6. 300 First Stamford Place				
(Street Address of E Stamford, CT 06902	Principal Office)	(Mailing / Stamford, CT 06902	Address)			
Stantord, CT 00702		Stanford, C 1 00702				
·····		 -				
7 Name and street address	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	· 🔀 😅			
	Corporation Service Company					
Name:	· · · · · · · · · · · · · · · · · · ·		至 第 _			
Office Address:	1201 Hays Street		SS 28 F			
	Taliahassee	, Florida <u>32301</u>	mer 🗫 🛐			
	(Cky)	(Zip	rode) m i			
Registered agent's accep		of an arrange from the arrange of the size	9 - 9			
	gistered agent and to accept service of tion, I hereby accept the appointmen					
	ions of all statutes relative to the prop					
	s of my position as registered agent.					
	Corporation Service Company & Bv:	miles Crost	Croft Croft			
	(Registered ager	nt's signature)	Emily Croft Asst. Vice President			
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manage is/are	: - 			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
President	Jonathan Godown					
	300 First Stamford Place					
	<u>Stamford, CT 06902</u>	<u> </u>				

			•			
(Use attachments if neces	sary)					
). Attached is a certificate	of existence, no more than 90 days of	d, duly authenticated by the official	having custody of records in the			
	of which it is organized. (If the certific					
0. This document is exec	uted in accordance with section 605,02	203 (1) (b) Florida Statutes I am av	sure that any false information			
	the Department of State constitutes a					
	Ox re St					
	Signal	ure of an authorized person				
	Jonathan Godown					

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SAB BOYNTON HOLDINGS 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 THIRTEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAB BOYNTON HOLDINGS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 202310392

Date: 03-13-18

6731333 8300 SR# 20181883800