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**DATE:** 4/10/18

NAME: SCP 1553 INVESTORS LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

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

		LASINESSS IN THE STATE OF FLORIDA:		
1.	SCP 1553 Investors I	Limited Liability Company, must include "Limite	d Liability Company," "L.L.C.," or "LLC.")	
		, ,,		
(If n	ame unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabi	lity Company," "L.L.C." or "LLC.")
2	New Jersey		3	
	(Junsdiction under the law of w	tuch foreign limited liability company is organized)	(FEI number	r, if applicable)
4.	Upon Qualification			
		(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)	
5	321 Herrod Blvd.		6. 321 Herrod Blvd.	
(Street Address of Principal Office)		*	(Mailing Addre	35)
,	Dayton, NJ 08810-0	881	Dayton, NJ 08810-0881	
7.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Name:	Registered Agent Solutions, Inc.		
	Office Address:	155 Office Plaza Dr., Suite A	···	
		Tallahassee	, Florida 32301	
_	gistered agent's accep	(City)	(Zip code)	
to	the state of the s			
an	comply with the provisi d accept the obligation	ions of all statutes relative to the proper is of my position as registered agent.	Brenda L. David	uties, and I am familiar with
an	comply with the provisi d accept the obligation	ions of all statutes relative to the proper	and complete performance of my d	uties, and I am familiar with
an.	d accept the obligation  The name, title or capa	ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's acity and address of the person(s) who has	Brenda L. David  signature) Assistant Secretar as/have authority to manage is/are:	y 2
an.	The name, title or capa	ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's acity and address of the person(s) who have and Address:	Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:	uties, and I am familiar with
an.	d accept the obligation  The name, title or capa	ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's acity and address of the person(s) who have and Address:  Sutton Capital Partners LLC	Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:	y 2
an.	The name, title or capa	ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's acity and address of the person(s) who have and Address:	Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:	y 2
an.	The name, title or caparity:  MGR	acity and address of the person(s) who have a sof more address of the person(s) who have a soft and address:  Sutton Capital Partners LLC 321 Herrod Blvd. Dayton, NJ 08810-0881	Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:	y 2
an.	The name, title or capa	acity and address of the person(s) who have a sof more address of the person(s) who have a soft and address:  Sutton Capital Partners LLC 321 Herrod Blvd. Dayton, NJ 08810-0881  Morris A. Sutton	Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:	y 2
an.	The name, title or caparity:  MGR	acity and address of the person(s) who have a sof more address of the person(s) who have a soft and address:  Sutton Capital Partners LLC 321 Herrod Blvd. Dayton, NJ 08810-0881	Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:	y 2
8.	The name, title or caparity:  MGR	(Registered agent's acity and address of the person(s) who have a support of the person of the perso	Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:	y 2
8.	The name, title or cape Title or Capacity: MGR  MGR	(Registered agent.)  (Register	Brenda L. David  signature) Assistant Secretar as/have authority to manage is/are:  Title or Capacity:	Name and Address:
8. (U.9) jur of	The name, title or cape Title or Capacity: MGR  MGR  See attachments if neces Attached is a certificate is diction under the law the translator must be seen acceptance.	(Registered agent.)  (Register	Brenda L. David  Brenda L. David  Signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official have is in a foreign language, a translation	Name and Address:
8. (U.9., jurof:	The name, title or cape Title or Capacity: MGR  MGR  See attachments if neces Attached is a certificate is diction under the law the translator must be seed. This document is executed as a certificate is diction.	(Registered agent.)  (Register	Brenda L. David  Brenda L. David  signature) Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official have is in a foreign language, a translation  3 (1) (b), Florida Statutes. J an aware	Name and Address:
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8. (U.9) jur of '10.	The name, title or cape Title or Capacity: MGR  MGR  See attachments if neces Attached is a certificate is diction under the law the translator must be seed. This document is executed as a certificate is diction.	(Registered agent.)  (Register	Brenda L. David  Brenda L. David  Assistant Secretar  as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official have is in a foreign language, a translation  (1) (b), Florida Statutes. I am aware include gree felon as provided for in s	Name and Address:  Name and Address:  ing custody of records in the on of the certificate under oath that any false information

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

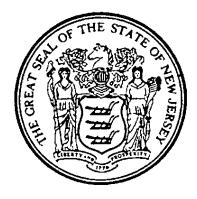
#### SCP 1553 INVESTORS LLC 0450255629

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 28, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MORRIS A. SUTTON
321 HERROD BOULEVARD
DAYTON, NJ 08810



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of April, 2018

Elizabeth Maher Muoio Acting State Treasurer

Certificate Number : 6087377030

Verify this certificate online at

https://www.Lstate.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp