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PICK-UP		MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	1200000001	95		
	REFERENCE	:	192121	5174517		
	AUTHORIZATION	لي	metale	300		
	COST LIMIT	: '	\$ 130.00			
ORDER DATE :	May 2, 2018					
ORDER TIME :	11:40 AM					
ORDER NO. :	192121-005			÷ 1	2019	· ••••
CUSTOMER NO:	5174517				HAY	· · · · · · · · · · · · · · · · · · ·
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					55	
NAME :	SAWGRASS COMM PROPERTY OWNE					
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XXXX QUALIFI	CATION (TYPE: <u>I</u>	<u>,L</u> )			пат - 3 - 3	) ,
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:		
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CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

## TO: Registration Section Division of Corporations

Sawgrass Commerce Center Property Owner, LLC

SUBJECT: \_\_\_

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Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Certificate of Status

N	ame of Person		
IP Capital Partners, LLC			
F	irm/Company		
225 NE Mizner Boulevard, Suite 400			
	Address		
Boca Raton, Florida 33432			
City/S	State and Zip Code		
jason@ipcappartners.ccom			5
E-mail address: (to be use	d for future annua	report notification)	
rther information concerning this matter, please call:			
Jason Isaacson	561 at (	300-3456	; ,
Name of Contact Person	Area Code	Daytime Telepho	one Number
MAILING ADDRESS: Division of Corporations		STREET ADDRESS Division of Corporation	
Registration Section		Registration Section	2113
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente Tallahassee, FL 32301	
sed is a check for the following amount:			
□ \$125.00 Filing Fee □ \$130.00 Filing Fee &	🗆 🖾 \$155.00 Filir	ıg Fee & ⊔ \$160.00	Filing Fee, O

Certified Copy

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sawgrass Commerce C	Center Property Owner, LLC		
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Company," "L.L.C," or "LLC.")
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	onda The sh	ternate name must include "Limited Liability Company," "L.I. C," or "LI C.
2 Delaware		3	N/A
	hich foreign limited liability company is organized)		(FEI number, if applicable)
4. Date of Filing			
······································	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ		
5. c/o IP Capital Partners, LLC, Attn: Jason Isaacson			c/o IP Capital Partners, LLC, Attn: Jason Isaacson
(Street Address of Principal Office) 225 NE Mizner Boulevard, Suite 400 Boca Raton, Florida 33432			(Mailing Address)
			225 NE Mizner Boulevard, Suite 400
		Boca Raton, Florida 33432	
7. Name and street addres	ss of Florida registered agent: (P.O. Bo;	x <u>NOT</u> a	cceptable)
Name:	Corporation Service Company		
Office Address:	1201 Hays Street	<del>.</del>	
	Tallahassee		, Florida <u>32301</u>
	(City)		(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company

CorporationS By: Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	Name and Address:	Title or Capacity:	Name and Address:
Member	Sawgrass Commerce Center	JV, LLC	
	225 NE Mizner Boulevard, S	<u>uit</u> e 400	
	Boca Raton, FL 33432		
(I low attendaments) if a grandoms)			
(Use attachments if necessary)			i ci

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_/s/ Danita Swider

Signature of an authorized person

Danita Swider, authorizer person

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 "SAWGRASS COMMERCE CENTER PROPERTY OWNER, 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 SECOND DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAWGRASS COMMERCE CENTER PROPERTY OWNER, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2018.

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

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6828880 8300 SR# 20183285837

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

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Authentication: 202624214 Date: 05-02-18

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