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Account#: I20000000088

Date: May 7	, 2018	Accounts	. 120000000000
Name: Marisa K	lugelmann		
Reference #:	G042098		
Entity Name:	SBF-1 PRO	PERTIES LLC	
✓ Articles of Incorp	oration/Authori	zation to Transact Business	
Amendment			
Change of Agen	t		
Reinstatement			
Conversion			
Merger Merger			
☐ Dissolution/With	drawal		
Fictitous Name			
Other		Certified Copy upon filing	
Authorized Amount:	\$155.00		

€ CORPORATE HQ

COGENCY GLOBALING. 10 E 40 - \$1,10 FE NY, NY 10016 800.721.0107 +1.212.947.7200 EUROPEAN HQ

COGFNCY GLOBAL (UK) LIMITED REGISTRED HENGLAND & WALFS REGISTRY -- OLCHY
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LONDON ECGA 78A
+44 (0)20.3786.1090

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

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

IN COMPLANCE WITH SECTION 605 0/02, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE SLATE OF FLORIDA:

Delaware Delaware The measure with the or which to require beneated bathing company is organized. The new manage of the property of the	fname unavailable, enter alternate is	ame adopted for the purpose of transacting business in Flo	rida The al	temate name must include "Linuted Liel	bility Compa	ரு," "L I, C,'	er "LLC")
The invariant flucture of the bot on which torough learning to depart of the production of the produ	Delaware		3	61-1429144			
4145 Powell Road Sirect Address of Francipal Other) Name and greet address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Office Address: Tallahassee Cogs1 Tallahassee (Cogs1 Tallahassee (Tallahassee (Cogs1 Tallahassee (Tallahassee (Tallahas	(Jurisdiction under the law of wh	high foreign lumied liability company is organized)	₽.	(Firl manh	er, it applica	ible)	-
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Office Address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc.		(See sections 605 0904 & 605 0905, F.S. to determ	ine penalty:	hability)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. 115 North Calhoun Street, Suite 4 Talhahassee (Cog)	4145 Powell Road		6.	4145 Powell Road			_
Name: Cogency Global Inc. Office Address: 115 North Calhoun Street, Suite 4 Tallahassee (Cog) Florida 32301 (2ap reds) egistered agent's acceptance: (Cog) (12ap reds) aving been named as registered upon and to accept service of process for the above stated limited limited limiting company at the prosignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vid accept the abbigations of my position as registered agent. By: Ditental Cogency I separate signature. By: Ditental Cogency I separate signature. Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name		enneipai Ottice)		-	(633)		
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Name: Cogency Global Inc. Office Address: 115 North Calhoun Street, Suite 4 Tallahassee Florida 32301 (Crs) (Crs) (2g reds) egistered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the posignated in this application. I herethy accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all stantates relative to the proper and complete performance of my duties, and I am familiar standard accept the obligations of my position as registered agent. By: Bettern Grandity Inc. (Registered species) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Member SBF Properties LLC 4145 Powell Road Powell, Ohio 43065 Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted) Of This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information thmitted in a document to the Department of State constitutes at third degree felony as provided for in s.817,155, F.S.	Name and street addres	as of Florida registered agent: (P.O. Box	: NOT a	occeptable)		; .	<u></u>
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "SBF-1 PROPERTIES 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 FOURTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBF-1 PROPERTIES LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2018.

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

at soin delaware gov/aut

Authentication: 202637888

Date: 05-04-18