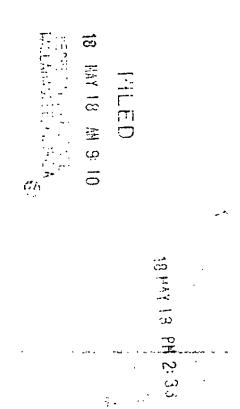
## M18000004820

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

Office Use Only



500313682725



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 216796 7575103
AUTHORIZATION COMPLETE OF THE PARTY OF THE P
COST LIMIT : \$160.00
ORDER DATE : May 17, 2018
ORDER TIME : 12:41 PM
ORDER NO. : 216796-005
CUSTOMER NO: 7575103
FOREIGN FILINGS
NAME: SG GROUP OWNER 1 LLC
NAME: SG GROUP OWNER I LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

## COVER LETTER

TO:	Registration Section Division of Corporatio	ns					
SUBJI	SG GROUP OWN	ER 1 LLC					
2020		Name of I	Limited Liability C	Company			
					unsact Business in Florida," Certificate of company to transact business in Florida.		
Please	return all correspondence	concerning this matter to the	following:				
	Michael Orlan	di					
Name of Person							
	GDC Properties, LLC						
	Firm/Company						
	245 Saw Mill River Road						
	Address						
	Hawthorne, NY 10532						
City/State and Zip Code							
	morlandi@gdcp	roperties.com					
E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning	ng this matter, please call:					
	Michael Orlandi		914 at (	914 742-4422 at ( )			
	Name	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclos	sed is a check for the follow \$125.00 Filing Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	S155.00 Filin	g Fee &	■ \$160.00 Filing Fee, Certificate 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SG GROUP OWNER (Name of Foreign	I LLC Limited Liability Company, must include "Limi	ited Liability Company," "L.L.C.," or "LLC."	·)			
(If name unavailable ones allemate n	came adopted for the purpose of transacting business in F	Porids. The atternate name must include "I multed I i	shifty Commons ""1 1 C" or "I I C")			
	and adopted for the purpose of damastring outliess in t	The ancisate hand make include Limited Li	ability Company, E.E.C. of CCC. 7			
2. NEW YORK  (Jurisdiction under the law of w.	hich foreign limited liability company is organized)	3. (FEI man	nber, if applicable)			
•		,	······································			
4						
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) mine penalty liability)				
5. 245 Saw Mill River Re	oad	4 245 Saw Mill River Road				
(Street Address of F	rincipal Office)	6. 245 Saw Mill River Road (Mailing Address)				
Hawthorne, NY 10532		Hawthorne, NY 10532	Hawthorne, NY 10532			
7. Nome and street address	es of Florida registered egent: (P.O. Pa	NOT appartable)	₹: 5 <b>6</b>			
7. INAME AND STEEL AUDIES	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)				
Name:	Corporation Service Company					
	1201 Have Street		5: = <u>[</u>			
Office Address:	1201 Hays Street		10000000000000000000000000000000000000			
	Tallahassee	, Florida <u>32301</u>	日本 哲士 華 シー			
	(City)	(Zip co	de) 5 0			
Registered agent's accep						
Having been named as re	egistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limite	d liability company at the place			
	ions of all statutes relative to the prope					
	s of my position as registered agent.		<del>-</del>			
•	Corporation Service Opmoany	1. 1.101	Emily Croft			
	By: (Registered agena)	M COM AS	st. Vice President			
	(Kegisteren agen	3 signality / 13	st. vice riesident			
8. The name, title or capa	acity and address of the person(s) who l	has/have authority to manage is/are:				
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
Manager	Samuel Ginsburg	•				
	245 Saw Mill River Rd					
	Hawthorne, NY 10532	<del></del>				
Authorized Rep.	Adam Ginsburg					
	245 Saw Mill River Rd					
	Hawthorne, NY 10532					
(Use attachments if neces	sary)					
•	.,					
	of existence no more than 90 days old					
	of which it is organized. If the certific	ate is in a foreign language, a transla	tion of the certificate under oath			
of the translator must be s	ubinited)					
10. This document is exec	cuted in accordance with section 605.02	03 (1) (b) Florida Statutes I am awa	re that any false information			
submitted in a document to	o the Department of State constitutes a t	third degree felony as provided for in	s.817.155, F.S.			
	I JOHN TO THE					
	Signify	re of a puthorized person				
	A tone Cinches	$\smile$				
	Adam Ginsburg					

Typed or printed name of signee

## State of New York Department of State } ss

I hereby certify, that SG GROUP OWNER 1 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/14/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of May two thousand and eighteen.

Brendan W. Fitzgerald

**Executive Deputy Secretary of State** 

201805170630 \* 45