

MI 80000007021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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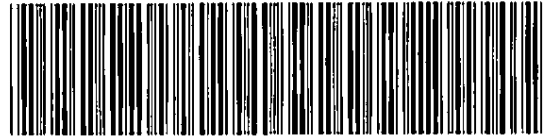
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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AUG 01 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 326948 4324340

AUTHORIZATION : 

COST LIMIT : \$ 155.00

ORDER DATE : July 31, 2018

ORDER TIME : 2:25 PM

ORDER NO. : 326948-005

CUSTOMER NO: 4324340

FOREIGN FILINGS

NAME: SILVERHAWK INCLINE GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVERHAWK INCLINE GP, LLC

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:

DAVID J. SCANLAN

Name of Person

SILVERHAWK INCLINE GP, LLC

Firm/Company

140 GREENWICH AVENUE, SUITE 200

Address

GREENWICH, CT 06830

City/State and Zip Code

scanlan@shcp.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Hudson

Name of Contact Person

at

913

Area Code

253 2225

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$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. SILVERHAWK INCLINE GP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate 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. 83-1210950
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 140 GREENWICH AVENUE, SUITE 200 6. 140 GREENWICH AVENUE, SUITE 200
(Street Address of Principal Office) (Mailing Address)
GREENWICH, CT 06830 GREENWICH, CT 06830

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CORPORATION SERVICE COMPANY
Office Address: 1201 HAYS STREET
TALLAHASSEE, Florida 32301
(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
By: Emily Croft
(Registered agent's signature)

Emily Croft
Asst. Vice President

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGING MBR</u>	<u>DAVID J. SCANLAN</u> <u>140 GREENWICH AVENUE, SUITE 200</u> <u>GREENWICH, CT 06830</u>	<u>MANAGING MBR</u>	<u>TED A. GARNER</u> <u>140 GREENWICH AVENUE, SUITE 200</u> <u>GREENWICH, CT 06830</u>
<u>MANAGING MBR</u>	<u>JAMES C. COOK</u> <u>140 GREENWICH AVENUE, SUITE 200</u> <u>GREENWICH, CT 06830</u>	<u>MANAGING MBR</u>	<u>MARK C. DEMETREE</u> <u>140 GREENWICH AVENUE, SUITE 200</u> <u>GREENWICH, CT 06830</u>

(Use attachments if necessary)

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.

DAVID J. SCANLAN
Signature of an authorized person

DAVID J. SCANLAN
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVERHAWK INCLINE GP, 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 THIRTY-FIRST DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVERHAWK INCLINE GP, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2018.

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



6953757 8300

SR# 20185927732

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203159625

Date: 07-31-18