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

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BOCT - 1 AM 2: 00

K SAIY OCT -2 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 418485 4302355							
AUTHORIZATION:							
COST LIMIT : \$ 125.00							
ORDER DATE : October 1, 2018							
ORDER TIME : 3:23 PM							
ORDER NO. : 419485-005							
CUSTOMER NO: 4302355							
FOREIGN FILINGS							
NAME: AMFP IV SAGE PALMER RANCH LLC							
XXXX QUALIFICATION (TYPE: <u>LL</u>)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT		Name of Limited Liability Company							
The enclose Existence, a	ed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refero	oany for Authoriza enced foreign limi	ition to Tra ted liability	nsact Business in Florida." (company to transact busine	Certificate of ess in Florida			
Please retur	m all correspondence c	oncerning this matter to the	following:						
	Michael Aideki	nan							
		N:	ame of Person						
	c/o Abacus Car	oital Group							
	Firm/Company								
	420 Lexington Avenue, Suite 2821								
			Address						
	New York, New	v York 10170							
		City/S	tate and Zip Code						
	maidekman@aba	neuscapitalgroup.com							
		E-mail address: (to be used	i for tuture annual	report not	ification)				
		g this matter, please call:							
M	lichael Aidekman		646 at (291.601 (
		f Contact Person	Area Code		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							
				Tallahass	ce, FL 32301				
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filio Certified Copy	_	□ \$160.00 Filing Fee, Ce of Status & Certified Cop.				

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. AMFP IV SAGE PALE				
(Name of For	ign Limited Liability Company; m	ust include "Limited Li	ability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,	ternate name adopted for the purpo	se of transacting busine	ess in Florida. The alternate nan	ne must include "Limited
2. Delaware		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4	(Date first transacted busin (See sections 605,0904 & 60.	ness in Florida, if prior	to registration.)	_
. c/o Abacus Capital Gr	(See sections 605,0904 & 60, oup, 420 Lexington Avenue, Su		ne penalty liability)	
J				
New York, New York		10.2		SE SE
uls Abanin Conital Can	(Street Address of			
6. C/o Abacus Capital Gro	up, 420 Lexington Avenue, Sui	te 2821		
New York, New York	10170			\$ = m
	(Mailing	(Address)		一點三出
7. Name and street address	s of Florida registered agent: (I	P.O. Box <u>NOT</u> acce	ntable)	2:0
Name:	Corporation Service Company	· <u> </u>		
Office Address:	1201 Hays Street			
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	=
designated in this applica to complywith the provisi	gistered agent and to accept se tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. Corporation Service Compa By:	ntment as registered to proper and comple tiny	agent and agree to act in the teeperformance of my duties	is capacity. I further agree
	(Regi	stered agent's signature)	
8. The name, title or capa Michael Aidekman, Auth	acity and address of the person(s orized Signatory	s) who has/have autho	ority to manage is/are:	
c/o Abacus Capital Group	, 420 Lexington Avenue, Suite	2821		
New York, New York 10	170			
		certificate is in a forc	ign language, a translation o	f the certificate under oath
	Signatur	,	<u>.</u> .	_
	✓ Signātur	re of an authorized pers	on	
	l in accordance with section 605 the Department of State consti			
	Michael Aidekman			

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 "AMFP IV SAGE PALMER RANCH 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 FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMFP IV SAGE

PALMER RANCH LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER,

A.D. 2018.

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

18 OCT -1 AH 2: 00
SEGNAL VIA OF STATE



Authentication: 203524915

Date: 10-01-18

7072986 8300 SR# 20186918135