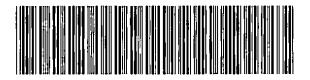
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
Office Use Only



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EXAMINER



Please give original submission date as file date.

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2018

CSC **ROXANNE TURNER** TALLAHASSEE, FL

SUBJECT: SHPC HOLDINGS I, LLC

Ref. Number: W18000094771

We have received your document for SHPC HOLDINGS I, LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 918A00022209

S

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 461565 4304954

Syrusia

COST LIMIT : \$(180,00

AUTHORIZATION

ORDER DATE : October 26, 2018

ORDER TIME : 3:18 PM

ORDER NO. : 461565-005

CUSTOMER NO: 4304954

#### FOREIGN FILINGS

NAME: SHPC HOLDINGS I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_ CERTIFIED COPY
\_\_\_\_ PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### COVER LETTER

TO:	Registration Section Division of Corporati	ons						
SUBJ	SHPC Holdings I,	L1 C						
SUDA	EC. (	Name o	f I limited I lability (	Company				
		oreign Limited Liability Cor led to register the above refe						
Please	return all correspondence	concerning this matter to th	e following:					
	Airon J. Igia	lsky						
	<del></del>		Name of Person			<del>_</del>		
	Locke Lord L	LP				75 <sub>(2)</sub>	28	
			Firm/Company			X 2 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3	<b>5</b>	
	701 8th St., N	.W., Suite 700				100 E	<b>2010</b> OCT 26	
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	Washington, L	DC 20001				字 5 5	A	
		City/	State and Zip Code			Z Z	8: 25	
	cric@seemanho	ltz.com				7-1	0,	
		E-mail address: (to be use	ed for future annual	report no	tification)			
For fu	ther information concerni-	ng this matter, please call;						
	Auron J. Igdalsky		202 at (	220-6				
	Name	of Contact Person	Area Code	Day	time Telephone Number	<del></del>		
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Fullahassee, FL 32314			Division Registrat Cliffon F 2661 Ext	E ADDRESS: of Corporations ion Section tailding contive Center Circle see, FL 32304			
Enclose	ed is a check for the follow D \$125.00 Filing Fee	ving amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	目 \$160.00 Filing Fee, of Status & Certified C		e	

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

IN COMPLANCE WITH SECTION 605 0002 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCIA LIMITED FLORIDAY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name was adulted carer alternati	e name adapted for the purpose of transacting business in Fio	rids. The alternate name must include "Limited	Lisbihiv Company," "L.L.C." or	TLLC T
Delaware		n \$3-2329775		
(Jamsdacrims under the lass of	whice foreign limited liability company is organized)	1843 e	minber, il applicatile)	
	Onle first transaction business at Florida, it prior to (See sections #35,090# & 605 0905, F.S. to determine	nc pens ty unachty)		
301 Yamato Road, S		6. 301 Yamato Road, Suite		
Boca Raton, FL 3343	f Principal Offices	(Mailing /	Address)	
150ca Ratoli, PC 3343		Boca Raton, FL 33431	<u></u>	_ !
<del></del>		<u></u>	ر میره مهید با را میره کرد از این	<u>-</u>
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT accentable)	F-1	•
	Jeffrey L. Baxter	Total Conditions (	60 <u>21</u> 27 <del>-</del>	
Name:	Jeffiey C. Baxter	· · · · · · · · · · · · · · · · · · ·	مع (۱۳۱) مع (۱۳۱)	r. • .
Office Address:	9100 South Dadeland Blvd, Suite 700			n o
	Miami	. Florida 33156	9.5	-( *
	(City)			4
ving been named as re ignated in this applica comply with the provis		registered agent and agree to ac	ed liability company at a ct in this capacity. I fur	rther
ignated in this application by with the provision of accept the obligation. The name, title or capi	egistered agent and to accept service of partion, I hereby accept the appointment as ions of all smates relative to the proper a sof my position as registered agent.  (Regiment gast vigouity and address of the person(s) who has	rocess for the above stated limits registered agent and agree to acted complete performance of my patent)  Thave authority to manage is/are:	ed liability company at a ct in this capacity. I fur y duties, and I am forming	rther
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Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SHPC HOLDINGS I, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHPC HOLDINGS I, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203692483

Date: 10-26-18