

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

Foreign Limited Liability Company SCG Atlas Gables Grand Plaza TRS, L.L.C.

Certificate of Status	Ü
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Electronic Filing Menu

Corporate Filing Menu

Help

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

	TION 605.0902, FLORIDA STATUTES, THE FC ISINESS INTHE STATE OF FLORIDA:	LLOW	NG IS SUBMITTED TO REGISTI	ER A FOREIGN LIMITED LIABILITY
SCG Atlas Gables Grai	nd Plaze TRS, L.L.C.			
(Name of Foreign	Limited Liability Company; must include "Limited	Liabult	y Company," "L.L.C.," or "LLC.")	
			5 4 4 mt 1 m 4 7 m	ile. Commun. 7.91 I. C. for M. I. C. Th
	aine adopted for the purpose of transacting business in Flori		83-2581058	nany Company, "CL, C, or "LIC,)
2. Delaware (Jurisdiction wider the law of wi	ech foreign limited liability company is organized)	3.		er, if applicable)
4 Upon Filing				
2. Opon r.mng	(Date first transacted business at Florida, a prior to a (See sections 605 0904 & 605 0905, F.S. to determine	egistration	.) Nabîkiy}	
5. 591 West Putnam Ave		-	591 West Pumam Avenue	
(Street Address of Principal Office)		٠	(Mailing Addr	7515)
Greenwich, CT 06830			Greenwich, CT 06830	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT	ecceptable)	
Name:	C T Corporation System	<u>.</u>		
Office Address:	1200 South Pine Island Road			
	Plantation	_	, Florida 33324	
to comply with the provise	tion, I hereby accept the appointment as ions of all statutes relative to the proper s af my position as registered agent. By: For Corporation System	and ca A i	ered agent and agree to act implete performance of my a igel Shearer stant Secretary	in this capacity. I further agree duties, and I am fumiliar with
	(Registered agent's)		SIGHT OF CLERKY	
8. The name title or can	acity and address of the person(s) who ha	s/have	authority to manage is/are:	
Title or Capacity:	Name and Address:		ille or Capacity:	Name and Address:
Member	SCG Atlas Gables Grand			
	Plaza Holdings, L.L.C.		-	
	591 W Putnam Ave. Greenwich, CT 06830	•		me F
 _		- -		
		-		
(Use attachments if neces	sary)			P ^{CC} ω
9. Anached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	duly au e is in a	thenticated by the official ha foreign language, a translat	iving custody of records in the ion of the certificate under oath
10. This document is excessibilitied in a document to	uted in accordance with section 605.0203 of the Department of State constitutes a thi	(1) (b rd deg	, Florida Statutes. I am awar ee felony as provided for in	e that any false information s.817.155, F.S.
	Signature	of an auth	orized person	
	Nick Antonopoulos			

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SCG ATLAS GABLES GRAND PLAZA TRS,

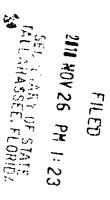
L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

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 NOVEMBER, A.D.

2018.

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



7140291 8300
SR# 20187795267
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203960273

Date: 11-26-18