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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	12/18/2018	
Name:	MICHAEL PETERSON	
Reference #	1027602	
Entity Name	SWEETWATE	
	es of Incorporation/Authorization t	o Transact Business
	ige of Agent	
	statement	
Conv	ersion	
Merge	er	
🔲 Disso	olution/Withdrawal	
🔲 Fictitie	ous Name	
🗌 Other	r	
Authorized A Signature:	MAA TA	t

© CORPORATE HQ COGENCY GLOBAL INC. 10 F 40¹¹¹ ST, 10¹¹¹ FL NY, NY 10016 D: +1.212,947,7200 P: 800.221,0102 F: 800,944,6607 DEUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTEDED IN ENGLAND & WALES, REGISTER # 8010/12 6 1LOYDS AVE, UNIT 4CL LONIXON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT 3, I/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: **Registration Section Division of Corporations**

SWEETWATER CAPITAL V, LLC

SUBJECT:

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:

APRIL PEARCE

Name of Person

EVERSHEDS SUTHERLAND (US) LLP

Firm/Company

1114 AVENUE OF THE AMERICAS, 40TH FLOOR

Address

NEW YORK, NEW YORK 10036

City/State and Zip Code

aprilpearce@eversheds-sutherland.com

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

For further information concerning this matter, please call:

Name of Contact Person

Daytime Telephone Number

MAILING ADDRESS:

APRIL PEARCE

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

389-5002

212

Area Code

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:

SWEETWATER CAPITAL V, LLC

DELAWARE			ternate name must include "Limited Liebility Co 46-0837904	
(Jurisdiction under the law of w	ach foreign limited liability company is organized)	3.	(FEI mæder, if sp	plicable)
			· · · · · · · · · · · · · · · · · · ·	
	(Date Erst transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ins penalty	lability)	
422 Fleming Street (Street Address of Principal Office)		6.	422 Fleming Street	
		ν.	(Mailing Address)	
Office 5			Office 5	-0
Key West, Florida 33040			Key West, Florida 33040	رب ب ب
Name and <u>street addres</u>	is of Florida registered agent: (P.O. Box	NOT f	acceptable)	ر
Name:	Cogency Global Inc.			-
Office Address:	115 North Calhoun Street, Suite 4			
	Tallahassee		32301	
			, Florida(Zip coda)	-

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.

/s/ Shannon Maddox (Registered agera's stanson)

8.	8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are		
	Title or Capacity:	Name and Address:	

Member	William J. Marraccini	
	422 Fleming Street, Office 5	
	Key West, Florida 33040	
Member	Gordon Coben	
	422 Fleming Street, Office 5	
	Key West, Florida 33040	
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(Use attachments if necessary)

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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. 1 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.

Signature of an authorized person

April Pearce

Typed or printed arms of signee

Delaware

..**.** . .

The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWEETWATER CAPITAL V, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWEETWATER CAPITAL V, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2012.

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



Authentication: 204130323 Date: 12-18-18

Page 1

SR# 20188229566 You may verify this certificate online at corp.delaware.gov/authver.shtml

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