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(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Reference #:	1027602	-		
Entity Name:		– ER CAPITAL VI, LLC		
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✓ Articles o	f Incorporation/Authorization	to Transact Business		7 Bi B ?
Amendme	ent			زين
Change of Agent				<u>م</u> <`ِ
☐ Reinstate	ment		•	[;ÿ
Conversion	วก		7.	
Merger				
Dissolution	on/Withdrawal			
☐ Fictitious	Name			
Other				
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Account#: I20000000088

Date:	12/18/2018	
Name:	MICHAEL PETERSON	
Reference	#:1027602	
Entity Nam	ne:SWEETWATER CAPITAL \	/I, LLC
₽ Artio	cles of Incorporation/Authorization to Transact Bus	iness
Ame	endment	
☐ Cha	ange of Agent	
☐ Reir	nstatement	(2) (2)
Con	nversion	
☐ Mer	ger	<u>.</u>
Diss	solution/Withdrawal	> \(\tilde{\to}\)
☐ Fict	itious Name	· . — —
Oth	er	
Authorized Signature:	Mach	

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	SWEETWATER CAPITAL VI, LLC				
		imited Liability (Company		
	losed "Application by Foreign Limited Liability Comp te, and check are submitted to register the above refere				
Please i	eturn all correspondence concerning this matter to the	following:			
	APRIL PEARCE				
	Ne	ame of Person		,	
	EVERSHEDS SUTHERLAND (US) LLP				
	Fi	rm/Company		,	
	1114 AVENUE OF THE AMERICAS, 40T	TH FLOOR			
		Address	<u> </u>	•	
	NEW YORK, NEW YORK 10036		T-	20	
	City/Si	tate and Zip Code			es-Jury
	aprilpearce@eversheds-sutherland.com			t 1	1 1
	E-mail address: (to be used	for future annua	report notification)	ر	,
For fur	her information concerning this matter, please call:			>	- 1
	APRIL PEARCE	212 at (389-5002		النساء
	Name of Contact Person	Area Code	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		
Enclose	d is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee & Certificate of States}		Filing Fee & S160.00 Filing ed Copy of Status & Cer		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SWEETWATER CAPI	Limited Liability Company; must include "Limited	Lizbility	Company,""L.L.C.," or "LUC.")	
If came unavailable, come alternate o	ame adopted for the purpose of transacting business in Flor	ida. The al	ternate came must include "Limited Liability Compar	77." "LL. C," or "LLC.")
DELAWARE 3.		,	47-2478501	
(Jurisduction under the law of w	nich foreign limited liability company is organized)	3,	(FEI member, if applies	Ma)
·	(Date first represented business in Florida, if union to the	e ei sterrion		
	(Date first transacted business in Flunda, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	se penalty		
422 Fleming Street (Street Address of F		6.	422 Fleming Street (Mathing Address)	
(Street Address of F	rincipal Office)		(Mailing Address)	
Office 5			Office 5	
Key West, Florida 330	40		Key West, Florida 33040	2016
. Name and street addres Name:	S of Florida registered agent: (P.O. Box Cogency Global Inc.	TON:	acceptable)	8 V 61 23
Office Address:	115 North Calhoun Street, Suite 4			
	Tallahassee		32301 Florida	
	(City)		(Zip code)	
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper t of my position as registered agent.	s registe	ered agent and agree to act in this c	apacity. I further agr
	/s/ Shannon Maddox	:		
	(Registered agent's s	ignanae)		

		•	
Manager	William J. Marraccini	_	
,	422 Fleming Street, Office 5		
	Key West, Florida 33040	_	
Manager	Gordon Cohen	_	
	422 Fleming Street, Office 5	_	
	Key West, Florida 33040	_	
		_	
		- 2018	
		<u>,</u>	-7
		- > ⊗	11
	X:	_ <u></u>	
		_	
se attachments if necessary)			
Attached is a certificate of existence, n	no more than 90 days old, duly authenticated by the official having custody organized. (If the certificate is in a foreign language, a translation of the cert	of records tificate und	in the er oath
Attached is a certificate of existence, nesdiction under the law of which it is on the translator must be submitted) This document is executed in accordance.	on more than 90 days old, duly authenticated by the official having custody organized. (If the certificate is in a foreign language, a translation of the certaince with section 605.0203 (1) (b), Florida Statutes. I am aware that any falsent of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person	tificate und se informati	er oath

Typed or printed name of signes

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SWEETWATER CAPITAL VI, 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 VI, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2014.

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

Authentication: 204130298

Date: 12-18-18

5649050 8300 SR# 20188229484