11/1000002124

(Requestor's Name)				
(Address)				
(A	(ddress)			
(C	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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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/01/201	9	
	Merritt		
Reference	ce #: 1	052389	-
			OPERTIES LLC
			o Transact Business
A	mendment		
□ C	hange of Agent		
□ R	einstatement		
□ C	onversion		
	erger		
D	issolution/Withdra	awal	
F	ictitious Name		
V 0	ther	CERTIFIED CO	PY OF FILING EVIDENCE
Authoriz Signatur	ed Amount:	\$1,765 uw	

F: 800.944.6607

COVER LETTER

TO:	Registration Section Division of Corporations					
SURJE	Sligo Properties LLC					
SUBJECT: Name of Limited Liability Company						
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please	turn all correspondence concerning this matter to the following:					
	Joanne D. Flanagan					
	Name of Person					
	JDF, LLC					
	Firm/Company					
	777 West Putnam Avenue					
	Address					
	Greenwich, CT 06830					
	City/State and Zip Code					
	behant@jdflaw.com E-mail address: (to be used for future annual report notification)					
For furt	er information concerning this matter, please call:					
	Teresa C. Behan at 203 869-0900					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\sum_\$130.00 Filing Fee & \$\sum_\$\$155.00 Filing Fee & \$\sum_\$\$160.00 Filing Fee, Certificate Of Status & Certified Copy Certificate of Status Certified Copy Of Status & Certified Copy					

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

	TTON 605.0902, FLORIDA STATUTES, T. USINESS INTHE STATE OF FLORIDA:	HE FOLLOWING IS	SUBMITTED TO REGIS	STER A FOREIGN LIMITED LIABILITY
1	Sligo Pro	perties LL0		
(Name of Poreign	Limited Liability Company; must include "	Limited Liability Con	ipany," "L.U.C.," or "LLC."	")
(If name unavailable, enter alternate of	name adopted for the purpose of transacting busines	s in Florida, The alternate	name must include "Limited Li	iability Company," "L.L.C," or "LLC.")
)elaware	1		
(Jurisdiction under the law of w	lisch (breign lamited liability company is organized)		(FEI must	nder, if applicable)
4	11/18/20	11		
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to	riot to registration.) determine penalty limbility	y)	
_{s.} 777 West P	utnam Avenue	6. S	ame as Pri	ncipal Office
			(Mailing Ad	kiress)
Greenwic	h, CT 06830			
				第一五
7. Name and street addre	ss of Florida registered agent: (P.O.	Box NOT accep	otable)	SELECTION OF STATE
				ORIGINAL N
Name:	COGENCY GLO	BALINC	La.	27
Office Address:	115 North Calhoun	St. Suite	<u>4</u>	
	Tallahass	ee	, Florida <u>323</u>	01
Registered agent's accep				•
Having been named as re designated in this applica to comply with the provis	egistered agent and to accept servic wion, I hereby accept the appointm lons of all statutes relative to the pr s of my position as registered agent	ent as registered i coper and comple	agent and agree to ac	t in this capacity. I further agree
	Karen	Medicony	E. Commence	
	(Registered	Bout, a simmura.		

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address: Gina K. Dodge
Manager	Name: Brian P. Myers	Manager	Name:	
Member	Address: 777 West Putnam Avenue	Member		777 West Putnam Avenue
★Authorized	Greenwich, CT 06830	Authorized	Gre	eenwich, CT 06830
Person		Person		
Other	Other	XIOther Secre	tary	Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		<u> </u>
Person		Person		
Other	Other	Other	······	
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	<u> </u>
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
9. Attached is a certi jurisdiction under the of the translator mus	executed in accordance with section 608.0203 nent to the Department of State constitutes a thir	rida Department of State uly authenticated by the is in a foreign language (1) (b), Florida Statutes.	Annual Re official had a translati	eport form. ving custody of records in the on of the certificate under oath

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SLIGO PROPERTIES 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 MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLIGO PROPERTIES"

LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2011.

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

Authentication: 202353129

Date: 03-01-19

5067503 8300 SR# 20191651529