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SC INVERSIONS LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

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:

(Name of Foreign	Limited Liability Company; must include "!	Limited Liability Company," "L.L C" or "LLC.	")
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business	s in Florida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC.")
2. Delaware		3. 83-4021935	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nu	mber, if applicable)
•			17. 21
4	(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to	orier to registration.)	ALL SEC
- 1000 5th St. Suite 200		6. 1000 5th St. Suite 200	>> >>
5. 1000 5th St. Suite 200 (Street Address of	Principal Office)	6. (Mailing A	ddmaa) * 7.
Miami Beach, FL 331	39	Miami Beach, FL 33139	<u>R</u>
			ST. S. D
7. Name and street addre	ss of Florida registered agent: (P.O.	. Box NOT acceptable)	D 3: 20 STATE LORIDA
<u> </u>	_		O A
Name:	Paracorp Incorporated		
Office Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee	, Florida 32301 (72)p o	19
	(City)	(Zip o	code)
and accept the obligation	tions of all statutes relative to the pl is of my position as registered agen	roper and complete performance of m it.	#
and accept the obligation	ns of my position as registered agen	ut.	y duties, and I am familiar with
8. The name, title or cap	(Registered agen	agent's signature) who has/have authority to manage is/are	
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agential and address of the person(s) was and Address:	agent's signature)	
8. The name, title or cap	(Registered agen (Registered agen acity and address of the person(s) w Name and Address: Christian Chirino	agent's signature) who has/have authority to manage is/are	
8. The name, title or cap Title or Capacity:	(Registered agential and address of the person(s) was and Address:	agent's signature) who has/have authority to manage is/are Title or Capacity:	
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agential and address of the person(s) when the second address of the person (s) when the second address: Christian Chirino 1000 5th St. Suite 200	agent's signature) who has/have authority to manage is/are Title or Capacity:	
8. The name, title or cap <u>Title or Capacity:</u>	(Registered agential and address of the person(s) when the second address of the person (s) when the second address: Christian Chirino 1000 5th St. Suite 200	agent's signature) who has/have authority to manage is/are Title or Capacity:	
8. The name, title or cap Title or Capacity:	(Registered agentication as registered agentication) (Registered agenticat	agent's signature) who has/have authority to manage is/are Title or Capacity:	
8. The name, title or cap Title or Capacity: Officer (Use attachments if neces	(Registered agential	agent's signature) who has/have authority to manage is/are Title or Capacity:	Name and Address: having custody of records in the
8. The name, title or cap Title or Capacity: Officer (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	(Registered agentical agen	agent's signature) who has/have authority to manage is/are Title or Capacity:	having custody of records in the lation of the certificate under oath
8. The name, title or cap Title or Capacity: Officer (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	Registered agent (Registered agent (Registered agent acity and address of the person(s) was Name and Address: Christian Chirino 1000 5th St. Suite 200 Miami Beach. Fl. 33139 ssary) e of existence, no more than 90 days of which it is organized. (If the cert submitted) cuted in accordance with section 605 to the Department of State constitute	agent's signature) who has/have authority to manage is/are Title or Capacity: sold, duly authenticated by the official tificate is in a foreign language, a transless at third degree felony as provided for its and the signal and th	having custody of records in the lation of the certificate under oath
8. The name, title or cap Title or Capacity: Officer (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	Registered agent (Registered agent (Registered agent acity and address of the person(s) was Name and Address: Christian Chirino 1000 5th St. Suite 200 Miami Beach. Fl. 33139 ssary) e of existence, no more than 90 days of which it is organized. (If the cert submitted) cuted in accordance with section 605 to the Department of State constitute	agent's signature) who has/have authority to manage is/are Title or Capacity: Sold, duly authenticated by the official tificate is in a foreign language, a transl	having custody of records in the lation of the certificate under oath
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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 04/16/2019

ENTITY NAME: SC Inversions LLC

TALLAHASSEE, FLORID

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "SC INVERSIONS 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 SIXTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SC INVERSIONS LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2019.

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





Authentication: 202652156

Date: 04-16-19