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Division of Corporations

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Fax Number : (850)617-6383

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

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## Foreign Limited Liability Company SOG VEP II LP, L.L.C.

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

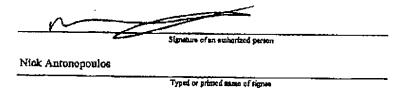
orna una mitalia anno altano.	annus adopted for the purpose of transacting business in Ficrids. The siter		
Deinware		3-4521083	"LLC;" or "LLC.")
(Jerisdiction under the law of	which fleeting limited Zabliky company is expensed)	(FEI number, if applicable)	<del></del>
Upon filing			-1 ~2
	(Date first transacted business in Florids, lippior to registration.) (See sections 605,0504 & 605,0505, P.S. to determine penalty list		51.0 51.0 610
1601 Washington Av			APR
(Sireet Address of	Frencipal Office; 6	(Mailing Address)	85 TS
Suite 800			
Miami Beach, FL 331	39		STA
Name and street addre	as of Plorida registered agent: (P.O. Box NOT acc	eptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	33324 , Florida	

8.	For initial inde	exing purposes,	, list names, title	or capacity and add	resses of the primar	ry members/manage	us or persons authorize	d to
ma	mage (up to alx	(6) total]:			•		•	

Title or Capacity:  Manager  Member  Authorized  Person  Other	Name and Address:  SOG VEP II MM, L.L.C.  Address:  1601 Washington Avenue  Suite 800  Miami Beach, FL 33139	Title or Capaci  Manager  Member  Authorized  Person  Other	Name:	Name and Address:
□\\dana\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Maria			:- ~
Manager	Name:	☐ Manager	Name:	7019 
☐Member	Address:	☐ Member	Address:	9 A PR
Authorized		Authorized		<u> </u>
Person		Person		138 147 19
Other	Other	Other		
				) 4: 30 TATE ORIDA
∐Manager	Name:	Manager	Name;	D A
☐ Member	Address:	☐ Member	Address;	
Authorized		Authorizad		
Person		Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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), Plorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOG VEP II LP, 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 APRIL, A.D. 2019.

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

2019 APR 26 PM 4: 30
SECRETARY OF STATE

7385690 8300 SR# 20193218044

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

Authentication: 202716164

Date: 04-26-19