Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	From:			2019 JUN -7 SECRETIVA TALLAHASSI				
	Account Name : C	F S E						
	Account Number : FC4000000023 Phone : (614)280-3338				_			
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4	Foreign Limited Liability Company							
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,000, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

SPH Property Two, LL: (Name of Foreign	Limited Liability Company; must occlude "Limite	d Laubilit	Company, "L.L.C.," or "L.C."			—	
Caune unavailable, enter alternate n	ane adopted for the purpose of transacting business in Ho	enda. The a	fernate name neast stollade "Limited Lia	bility Company.	"L L C." o	e · LLC	
Delaware		3	83-0910809				
(kirisdiction under the law of which foreign limited hability energony is urgrained)			01/1 med	sar d upolicultic)			
•	(Date first transacted becauses in Florida, if piny to (See section (E)) (1994) & (4), 1995, F.S. to determ	registration	3				
1301 Second Ave, Fl 3	1	and penalty	Attn: Legal	,_ 1	2		
(Street Address of I	am (pal Ollme)	5	Mayling Add	nappy of the party	119		
Seattle, WA 98101			1301 Second Ave, Ft 31	골	 		
			Seattle, WA 98101	100 100 100 100 100 100 100 100 100 100	-7 1		
. Name and street address	s of Florida registered agent (P.O. Boy	NOT.	acceptable)	FLORIDA	H 4: 31	~	
Name:	C T Corporation System			,LX			
Office Address:	1200 South Pine Island Road						
	Plantation		33324 , Flonda				
	(Civ.)		(Zip us	ir)			

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.

January Cardell Rankin, Asst. Secretary
(Registered agent's agrithme)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Bradley D. Owens	Manager	Name: Jennifer Rock
Member	Address: 1301 Second Ave, Fl 31	☐ Member	Address: 1301 Second Ave, Fl 31
	Seattle, WA 98101	Authorized	Seattle, WA 98101
Person		Person	
President (EO Secretary	OtherCFO/Treas	Other
Manager	Name: Eyan Berry	☐ Manager	Name: SPH Holdeo Two, LLC
Member	Address: 1304 Second Ave, Fl 31	Member	1287 C 121
Authorized	Seattle, WA 98101	Authorized	Seattle, WA 98101
Person		Person	N: 1
Other Vice President	lent Other	Other	
_		_	Name: Name:
Manager	Name:	Manager Manager	Name:
Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
Cther	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 505,0203 (1) (b). Florida Statutes, I 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.\$17.155, F.S.

Bl Our	
Signature of an authorized pressor	
Bradley D. Owens	
layed or printed name of stance	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPH PROPERTY TWO, 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 SIXTH DAY OF JUNE, A.D. 2019.

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

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

Authentication: 202977496

Date: 06-06-19