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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023

Fax Number

Phone : (614)280-3338 : (954)208-0845

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 SCG MIRAMAR A, LLC

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Corporate Filing Menu

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AUG 06 2019

M. SOLOMON

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

SCG Willair	nar A, LLC
(Name of Foreign Limited Liability Company, must include "Limit	ied Liability Company," "L.U.C.," or "LLC.")
rec unavailable, onter alternate name adopted for the purpose of transacting business in f	formula. The afternate name must include "Limited I lability Company," "L.L.C." o
Delaware	3.
clarisdiction under the line of which foreign limited liability company is organized)	3. (EFI number, it applicable)
August 1, 20	
(Date first transacted business in Florida, if prior t (See sections 605.0984 & 605.0905, F.S. to deter	ö čagistration) neta penalty Timbilas)
4 Embarcadero Center	4 Embarcadero Cente
(Stree) Address of Principal Office)	(Mailing Address)
Suite 3300	Suite 3300
San Francisco, CA 94111	San Francisco, CA 941
Name and street address of Florida registered agent: (P.O. Bo	ox NOT acceptable)
	e de la companya della companya della companya de la companya della companya dell
Name: C T Corporation System	
Name. 6 1 corporation dystem	
Office Address: 1200, South Pine Island Road	
Plantation, Florida 33324	ing.

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.

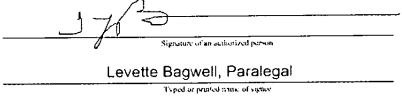


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
Manager	Nume: SCG Miramar Industrial, LLC	Manager	Name:		-
⊠Member	Address: 4 Embarcadero Center	Member	Address:		_
Authorized	Suite 3300	Authorized			-
Person	San Francisco, CA 94111	Person			-
[]Other	Other	Other		Other	-
Manager	Name:	Manager	Name:		-
Member	Address:	Member	Address:		_
Authorized		Authorized		2919 A	
Person		Person		52 5	
Other	Other	Other		Other On	- } }*** *
				PM &	
Manager	Name:	Manager	Name:		_
Member	Address:	Member	Address:		
□Authorized		Authorized			_
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. Non-indexed 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), 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.817.155, F.S.





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

DELAWARE, DO HEREBY CERTIFY "SCG MIRAMAR A, 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 FIFTH DAY OF AUGUST, A.D. 2019.

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

at corp delaware gov/auth

Authentication: 203348066

Date: 08-05-19