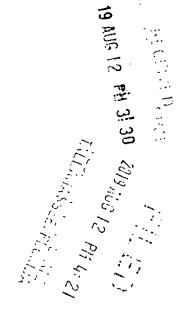
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D.	ate:	8/12/2019	a: DW
		Acc#I20160000072	4: () = V
Name:	SARATO	GA MHP FUND IV, LLC	
Document #:			
Order #:	1205105	1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			TALLANASSEE (TLOWN
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	<i>y</i>
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amo	unt: \$ 125.00	

COVER LETTER

то:	Registration Section Division of Corporations					
(31 (12 II)	Saratoga MHP Fund IV	, LLC				
SUBJ	ECT:	Name of I	imited Liability	Company		
The er Existe	closed "Application by Foreign nee, and check are submitted to	n Limited Liability Comporegister the above refere	any for Authori aced foreign lin	zation to Trainited liability	nsact Business in Florida," Certifica company to transact business in Flo	te of orida.
Please	return all correspondence cond	cerning this matter to the I	ollowing:			
	Suzanne M. Irwin,					
		Na	me of Person		10 TO	
	Flaster/Greenberg	P.C.				
		Fil	m/Company		2 P	
	1810 Chapel Aven	nue West			2 PH 4 21 2 PH 4 21	· ·
			Address		验 21	
	Cherry Hill, NJ 08	3002			37	
		City/St	ate and Zip Co	ie		
	becky@saratogagro	sup.net				
	F	-mail address: (to be used	for future annu	ial report not	ification)	
For fu	rther information concerning t	his matter, please call:				
	Suzanne M. Irwin, Paralegi	al	856 at (382-22:		
	Name of C	Contact Person	Area Co	de Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301	
Enclo		g amount:] \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 F Certified Cop		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	:

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

IN COMPIJANCE 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:

Delaware (Direct Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System (Civ) (Civ	ame unavailable, enter alternate n			to the dead of the final	Liability Company " " 1 C " or "11
Directions under the law of which foreign hinted liability company is organized) (FEI mumber, if applicable)		ame adopted for the purpose of transacting busing			Dadiny Company, 2.1
upon registration (Date first universeted business in Florida, (Eprint to registration) (Date first universeted business in Florida, (Eprint to registration) (Det sections 603 10004 x 603 0005, E.S. to determine periodity liability) (Section Address of Principal Office) Auburn, CA 95603 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324 Plantation (Cary) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent and complete performance of my duties, and I am familial accept the obligations of my position as registered agent accept the above state of the Section System (Registered agent's dipantity) The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Name and Address:			3.	84-2028679	umber if apolicable)
(Note Institutions 603 0904 & 603 0905, F.S. to determine penalty liability) 195 Park Street (Street Address of Priorida (Process of Process of Process of Process for the above stated limited liability company at the inginated in this application, I hereby accept the appointment as registered agent and accept the obligations of my position as registered agent. By: C T Corporation System (Caption of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address:	(Jurisdiction under the law of w	nedi foreign firmled liability company is organiza	eu)	(* 24	, , , , , , , , , , , , , , , , , , , ,
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- 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.

Sam Hales, President of Saratoga Group, Inc., Manager of Saratoga MHP

Typed or printed name of signee Fund IV, LLC

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SARATOGA MHP FUND IV, 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 AUGUST, A.D. 2019.

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

2019 AUG 12 Pil 4: 21

Jeffrey W. Buffech, Secretary of State

Authentication: 203354263

Date: 08-06-19

7457494 8300 SR# 20196352051