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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To:		DA.	47	••
	Division of Corporations			

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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 SRMZ 4 ASSET COMPANY 1, LLC

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COVER LETTER

TO:		istration Section ision of Corporation	ns				
SUBJEC	(T-	SRMZ 4 Asset Con	npany 1, LLC				
501,312			Name of I	Limited Liability C	опрацу		
The encl Existenc	losed e, an	"Application by Ford check are submitted	reign Limited Liability Comp ed to register the above refere	any for Authorizat nced foreign limit	ion to Trans ed liability co	act Business in Florida," Company to transact busines	Certificate o
Please re	eturn	all correspondence (concerning this matter to the	following:		OTERA OTERA OTERA OTERA	-11
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		cchukwu@maye	erbrown.com				
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For furth	her in	formation concernir	ng this matter, please call:				
	Chi	emaka Chukwu		212 at (5062350		
		Name (of Contact Person	Area Code	Daytin	ne Telephone Number	
	Divi Reg P.O.	ILING ADDRESS: ision of Corporation istration Section . Box 6327 ahassee, FL 32314			Registration Clifton Buil	Corporations a Section lding nive Center Circle	
Enclosed		check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

Joseph V. Gatti

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

IN COMPLANCE WITH SECTION 605/0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

(Name of Foreign	ny 1, LLC Limited Liabil	ty Company; must include "Limited Li	ability Company," "C.L.C.," o	r "LLC.")		·
name unevailable, enter elternest n	ame adopted for	he purpose of wantacting business in Florida.	The alternate same rant include "l	inited Liability	y Company," "	"LLC," or "LLC,"}
Delaware			3.		2	
	hich tareign limit	d labelity company is organized)	J	(FEI manber,		
II. Dordani				<u> </u>	S 6	
Upon Registration	(Data Sara		······································		<u> </u>	11
	(See section	transacted business in Florida, if prior to regis ns 405.0904 & 605.0905, F.S. to determine p	county SubiBry)	> == .co:	Ň	
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Name and Street addits	is of Fioricia	registered agent: (P.O. Box N	UI_acceptable)			
Name:	Capitol C	orporate Services, Inc.				
	242.5	A 151				
Office Address:	513 East 1	ark Avenue, 2nd Floor				
	Taliahass		EL-:4- 32	301		
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Typed or privated same of signer

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SRME 4 ASSET COMPANY 1, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SRNE" 4 ASSET

COMPANY 1, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D.

2019.

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

7606702 8300 SR# 20197198194

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

YMSQC,

Authentication: 203657545

Date: 09-24-19