

10/9/2019

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (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.****

Email Address: _____

Foreign Limited Liability Company
SCG 11950 Corporate Blvd., LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

OCT-10-2019

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Corporate Filing Menu

M. SOLOMON
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCG 11950 Corporate Blvd., LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must exclude "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (PTI number, if applicable)

4. October 7, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. 4 Embarcadero Center, Suite 3300 6. 4 Embarcadero Center, Suite 3300
(Street Address of Principal Office) (Mailing Address)

San Francisco, CA 94111

San Francisco, CA 94111

7. 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

(City)

(Zip code)

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.



(Registered agent's signature)

M. E. Jones, Asst. Sec'y.

2019 OCT -9 PM 1:12

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:

☐ Manager Name: (see attachment) _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity:Name and Address:

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ 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.



Signature of an authorized person

DANIEL S. WEAVER, AUTHORIZED PERSON

Typed or printed name of signer

ATTACHMENT

<u>Title or Capacity:</u>	<u>Name and Address:</u>
Authorized Person	Tuba Malinowski 3550 Lenox Road N.E., Suite 2000 Atlanta, GA 30326
Authorized Person	Mac Johnson 3550 Lenox Road N.E., Suite 2000 Atlanta, GA 30326
Authorized Person	Daniel S. Weaver 300 N. LaSalle St., Suite 5450 Chicago, IL 60654
Authorized Person	Jeffrey Brunette 3550 Lenox Road N.E., Suite 2000 Atlanta, GA 30326
Authorized Person	David Nix 3550 Lenox Road N.E., Suite 2000 Atlanta, GA 30326
Authorized Person	Albert J. Jehle 3550 Lenox Road N.E., Suite 2000 Atlanta, GA 30326
Authorized Person	Darik Afshani 3550 Lenox Road N.E., Suite 2000 Atlanta, GA 30326
Authorized Person	Sol A. Raso 300 N. LaSalle St., Suite 5450 Chicago, IL 60654
Authorized Person	Breanna Staggs 4 Embarcadero Center, Suite 3300 San Francisco, CA 94111
Authorized Person	Jenny Rindge 4 Embarcadero Center, Suite 3300 San Francisco, CA 94111

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCG 11950 CORPORATE BLVD., 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 NINTH DAY OF OCTOBER, A.D. 2019.

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



7645387 8300

SR# 20197453505

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203754743

Date: 10-09-19