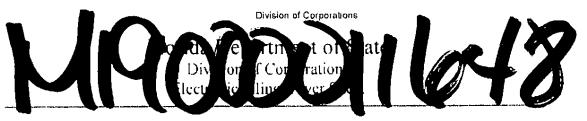
12/6/2019



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.

(((H190003528473)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

\*\*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 SF US Capital 1 LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help T GLASS

DEC 0 9 2019

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

IN COMPLIANCE WITH SECTION KISDING, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FILERIDA-I SF US Capital I LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LEC.") (If name unavailable, exter shouse name odopted for the purpose of transacting business in Florida. The alternate name most include "Limited Liability Company," "[.], C," or 3. <u>83</u>2327957 (Fill cumber, if applicable) (Jurisdiction taxle) the law of which foreign limited hability company is organized) Upon Qualification (Date first transacted business in Flanda, if prior to registration) (See sections 605 0904 & 505,0905, F.S. to determine penalty liability) Same 77 Sleeper Street (Street Address of Principal Office) Boston, MA 02210 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation 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 famillar with and accept the obligations of my position as registered agent. Michael Scraphin, Asst. Secretary By: CT Corporation System (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Salary Finance Inc MEMBER 77 Sleeper Street Boston, MA 02210 (Use attachments if necessary) 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 Authorized Person Nathan Herr Typed or printed rame of signer

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SF US CAPITAL 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 SIXTH DAY OF DECEMBER, A.D. 2019.

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

2019 DEC -6 FH 2: 20

Authentication: 204151343

Date: 12-06-19

7110482 8300 SR# 20198474442

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