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## Foreign Limited Liability Company **SCIP 1200, LLC**

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K. SALY DEC 3 0 2019

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLÒRIDA: L SCIP 1200, LLC (Name of Foreign Limited Liability Company, most include "Limited Liability Company," "L.L.C.," or "LLC.") (If name enavailable enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Linuted Liability Company," "L.L.C.," or "LLC.") o Delaware (FE) number, if applicable) (duradiction under the law of which foreign him ted hability company is organized) (Date first transacred business in Forida, if prior to registration) (See sections 605,0904 at 605,0905, F.S. to determine penalty hability) 6. 225 NE Mizner Blvd., Suite 400 5. 225 NE Mizner Blvd., Suite 400 (Mailing Address) (Street Address of Principal Office) Boca Raton, Florida 33432 Boca Raton, Florida 33432 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jason Isaacson Name: 225 NE Mizner Blvd., Suite 400 Office Address: \_\_\_\_ , Florida 33432 Boca Raton (C.IV) 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. /si Jason Isaacson Jason Isaacson, Registered Agent 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: Title or Capacity: Name and Address: SCIP Industrial Venture, LLC Member 225 NE Mizner Blvd., # 400 Boca Raton, Fl., 33432 (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 constituted a third degree fellows as provided for in s.817.155, F.S. Signature of an authorized person Jason Isaacson

Typed or printed name of signer

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

DELAWARE, DO HEREBY CERTIFY "SCIP 1200, 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-SIXTH DAY OF DECEMBER, A.D. 2019.

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





Authentication: 204301314

Date: 12-26-19