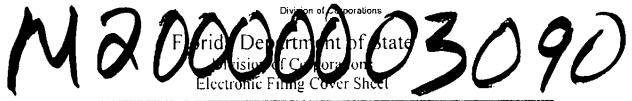
3/19/2020



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.

(((H20000088578 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 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. **

Fmail	Address:		

Foreign Limited Liability Company SKIP I Participation LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

SKIP I Participation LL			_		
(Name of Foreign I	amited Liability Company, must include "Limi	ted Liability Compa	ny," "L.L.C.," or "LLC.")		
		•			·. -
nne mevalibble, ester alternate n	ame adopted for the purpose of transacting humness in	Florida The Atomate	name must include "Limited I ish	ility Company," "L. I	-C,* or*1(1.C.*)
)claware	•				
(Jurisdiction under the law of wh	nich kweimi limited hability company is organized).	٠. ــــــــ	(FEI number	if applicable)	······································
				,	
N/A		·····		· ·	
	(Date first transacted business in Plerida, it prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.)			
1 Independent Drive, Suite 3207		1 Inde	ependent Drive, Suite 3:	207	
cet Address of Principal Office)		Ö	Mailing Address)	·-	
Jacksonville, FL 32202	ı	Jacks	onville, FL 32202		
neksom the, i E 52202	•			· -	
	·		• •		
)				
				•	<u> </u>
Name and street address	ss of Florida registered agent: (P.O. Be	ox <u>NOT</u> accept	able)		\$-3
			•,		ZÓ20 KAR 1 9
Name:	C T Corporation System		_		
Name.					·
Office Address:	1200 South Pine Island Road	<u></u>	_	<u>.</u>	\sim
	Diagratica		33324		N
	Plantation		. Florida		•
•	(Civ)		(Zip code)		

fitle or Capacity:	Name and Address:	Title or Capacity	<u>":</u> ` .	Name and Address:
☐Manager	Name: F. Russell Beard, Jr.	□Manager	Name;	· · · · · · · · · · · · · · · · · · ·
Member	Address: 1 Independent Dr., Suite 3207	□Member	Address:	
(El Authorized	Jacksonville, FL 32202	□Authorized	·	
Person		Person		<u> </u>
Other	[]Other	□Other		Other
				·
∏Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
☐Other	Other	□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)

□ Manager

□Member

□ Authorized

Person

[]Other_

Address:

□Other

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.

4	Signature of an authorized person	
F. Russell Board, Jr.		

□Member

Authorized

Person

[]Other_

Address: _

Other



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKIP I PARTICIPATION 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 NINETEENTH DAY OF MARCH, A.D. 2020.

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

Authentication: 202621718

Date: 03-19-20

6812292 8300 SR# 20202257572