

N 200000006175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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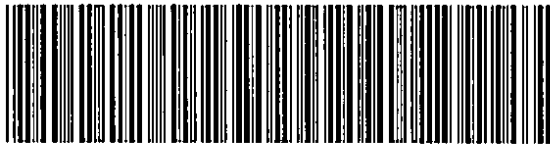
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: 120000000088

Date: July 16, 2020

Name: KEN HOWELL

Reference #: 1243365

Entity Name: SP GAINESVILLE HOLDINGS, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

ISSUES? CALL
KEN:
518-213-0738

COGENCYGLOBAL
115 N CALHOUN ST
TALLAHASSEE, FL 32301
866.625.0838

Authorized Amount: **\$125.00**

Signature:

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST, 10 FL
NY, NY 10016
800.221.0102
+1.212.947.7200

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
#019740072
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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 FLORIDA:

1. SP Gainesville Holdings, 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 include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. July 14, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8801 River Crossing Blvd., Suite 300
(Street Address of Principal Office)

Indianapolis, IN 46240

6. 8801 River Crossing Blvd., Suite 300
(Mailing Address)

Indianapolis, IN 46240

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TALLAHASSEE, FLORIDA

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(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.

Kimi Peters as behalf of Cogency Global Inc
(Registered agent's signature)

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: Robert J. Scannell
 Member Address: 8801 River Crossing Blvd.
 Authorized Suite 300
 Person Indianapolis, IN 46240
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Douglas L. Snyder
 Member Address: 8801 River Crossing Blvd.
 Authorized Suite 300
 Person Indianapolis, IN 46240
 Other _____ Other _____

Manager Name: James C. Carino
 Member Address: 8801 River Crossing Blvd.
 Authorized Suite 300
 Person Indianapolis, IN 46240
 Other _____ Other _____

Manager Name: Ralph L. Shiley
 Member Address: 8801 River Crossing Blvd.
 Authorized Suite 300
 Person Indianapolis, IN 46240
 Other _____ Other _____

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 OFFICE OF
 REVENUE
 DIVISION

Manager Name: Marc D. Pfleging
 Member Address: 8801 River Crossing Blvd.
 Authorized Suite 300
 Person Indianapolis, IN 46240
 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

Marc D. Pfleging, Manager

 Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

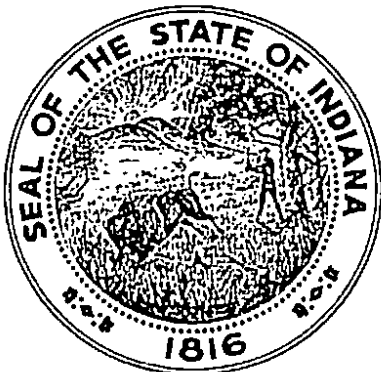
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SP GAINESVILLE HOLDINGS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 18, 2020, and was in existence or authorized to transact business in the State of Indiana on July 14, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 14, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

202005181392688 / 20201523726

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on August 13, 2020.

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SECRETARY OF STATE
INDIANAPOLIS, INDIANA