

M21000009751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

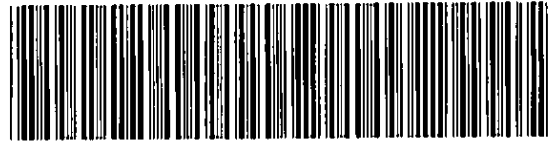
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 29 PM 3:52
FALLAHASSEE, FLORIDA

FILED
2021 JUL 29 AM 9:10

2021
13:57

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 933347 5174517

AUTHORIZATION :



COST LIMIT : \$160.00

ORDER DATE : July 28, 2021

ORDER TIME : 2:08 PM

ORDER NO. : 933347-025

CUSTOMER NO: 5174517

FOREIGN FILINGS

NAME: SPG TRANSAL PARK LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPG Transal Park LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Timothy E. McKenna
Name of Person

Seagis Property Group LP
Firm/Company

100 Front Street, Suite 350
Address

Conshohocken, PA 19428
City/State and Zip Code

tmckenna@seagisproperty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy E. McKenna at (484) 530-9129
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
 \$130.00 Filing Fee & Certificate of Status
 \$155.00 Filing Fee & Certified Copy
 \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. SPG Transal Park 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. upon filing
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, P.S. to determine penalty liability)

5. 100 Front Street, Suite 350 (Street Address of Principal Office)
6. 100 Front Street, Suite 350 (Mailing Address)
Conshohocken, PA 19428
Conshohocken, PA 19428

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

Name: Stephanie Zavellos
Office Address: 11340 Interchange Circle North
Miramar, Florida 33025
(City) (Zip code)

2021 JUN 29 AM 9:10
APPROVED

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.

By: [Signature]
(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: Manager **Name and Address:** Name: Seagis Property Group LP
 Member Address: 100 Front Street, Suite 350
 Authorized Conshohocken, PA 19428
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: John Begier
 Member Address: 100 Front Street, Suite 350
 Authorized Conshohocken, PA 19428
 Person _____
 Other President Other _____

Manager **Name and Address:** Name: Timothy E. McKenna
 Member Address: 100 Front Street, Suite 350
 Authorized Conshohocken, PA 19428
 Person _____
 Other Secretary & Treasurer Other _____

Manager **Name and Address:** Name: Peter Crovo
 Member Address: 100 Front Street, Suite 350
 Authorized Conshohocken, PA 19428
 Person _____
 Other VP Other _____

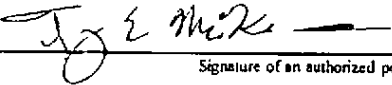
Manager **Name and Address:** Name: Erin Plourde
 Member Address: 100 Front Street, Suite 350
 Authorized Conshohocken, PA 19428
 Person _____
 Other VP Other _____

Manager **Name and Address:** 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
Timothy E. McKenna
 Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPG TRANSAL PARK 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-NINTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPG TRANSAL PARK LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

6123933 8300

SR# 20212838438

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

Authentication: 203795831

Date: 07-29-21