

MA 1000014452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

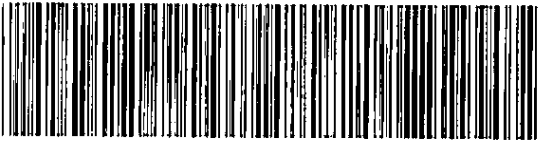
(Business Entity Name)

(Document Number)

Certified Copies: _____ Certificates of Status: _____

Special Instructions to Filing Officer:

Office Use Only



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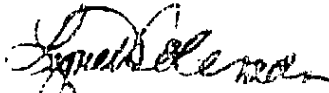
RECEIVED

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RECEIVED

S. FRANKLIN
OCT 29 2021

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

ACCOUNT NO. : 120000000195
REFERENCE : 169226 4303929
AUTHORIZATION : 
COST LIMIT : \$ 160.00

ORDER DATE : October 26, 2021
ORDER TIME : 9:07 AM
ORDER NO. : 169226-010
CUSTOMER NO: 4303929

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FOREIGN FILINGS

NAME: SPG 8350 NW 15TH ST 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: Eyllena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SPG 8850 NW 15th St LLC

SUBJECT: _____
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)

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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 8850 NW 15th St 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 or 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 Zevallos

Office Address: 11340 Interchange Circle North

Miramar, Florida 33025

(City)

(Zip code)

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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):

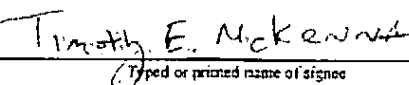
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Seagis Property Group LP</u>	<input type="checkbox"/> Manager	Name: <u>John Begier</u>
<input checked="" type="checkbox"/> Member	Address: <u>100 Front Street, Suite 350</u>	<input checked="" type="checkbox"/> Member	Address: <u>100 Front Street, Suite 350</u>
<input type="checkbox"/> Authorized Person	<u>Conshohocken, PA 19428</u>	<input type="checkbox"/> Authorized Person	<u>Conshohocken, PA 19428</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ^{President:}	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Timothy E McKenna</u>	<input type="checkbox"/> Manager	Name: <u>Peter Crowe</u>
<input type="checkbox"/> Member	Address: <u>100 Front Street, Suite 350</u>	<input type="checkbox"/> Member	Address: <u>100 Front Street, Suite 350</u>
<input type="checkbox"/> Authorized Person	<u>Conshohocken, PA 19428</u>	<input type="checkbox"/> Authorized Person	<u>Conshohocken, PA 19428</u>
<input checked="" type="checkbox"/> Other ^{Secretary & Treasurer:}	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other ^{VP}	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Erin Plourde</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>100 Front Street, Suite 350</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Conshohocken, PA 19428</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other ^{VP}	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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


 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPG 8850 NW 15TH ST 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-SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPG 8850 NW 15TH ST LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2021.

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

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FILED



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6336621 8300

SR# 20213634017

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

Authentication: 204530866

Date: 10-27-21