

M21000014632

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

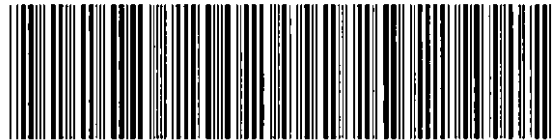
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000375231070

FILED

2021 NOV -3 PM 1:04

ALLAHASSEE, FL

RECEIVED

2021 NOV -3 AM 11:37

ALLAHASSEE, FL

K. SALY

NOV - 4 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 185428 4303929

AUTHORIZATION :

COST LIMIT : \$ 160.00



ORDER DATE : November 1, 2021

ORDER TIME : 8:12 AM

ORDER NO. : 185428-010

CUSTOMER NO: 4303929

FOREIGN FILINGS

NAME: SPG 1700 ELLER DR 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: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SPG 1700 ELLER DR 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)

**For further information concerning this matter, please call:**

Timothy E. McKenna	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 1700 ELLER DR 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, F.S., to determine penalty liability)

5. 100 Front Street, Suite 350

(Street Address of Principal Office)

Conshohocken, PA 19428

6. 100 Front Street, Suite 350

(Mailing Address)

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

(City)

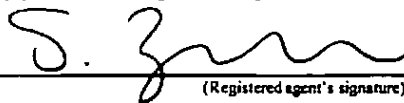
, Florida 33025

(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.

By:



(Registered agent's signature)

FILED  
2021 NOV -3 PM 1:04  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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: Seagis Property Group LP

☒ Member Address: 100 Front Street, Suite 350

☐ Authorized Conshohocken, PA 19428

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Timothy E. McKenna

☐ Member Address: 100 Front Street, Suite 350

☐ Authorized Conshohocken, PA 19428

Person \_\_\_\_\_

☒ Other Secretary & Treasurer ☐ Other \_\_\_\_\_

☐ Manager Name: Erin Plourde

☐ Member Address: 100 Front Street, Suite 350

☐ Authorized Conshohocken, PA 19428

Person \_\_\_\_\_

☒ Other VP ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: John Begier

☐ Member Address: 100 Front Street, Suite 350

☐ Authorized Conshohocken, PA 19428

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Peter Crovo

☐ Member Address: 100 Front Street, Suite 350

☐ Authorized Conshohocken, PA 19428

Person \_\_\_\_\_

☒ Other VP ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

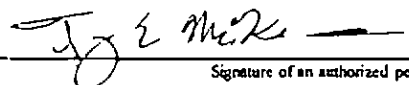
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

FILED  
2021 NOV -3 PM 1:04  
HALL COUNTY CLERK  
TALAMON

**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

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPG 1700 ELLER DR 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 SECOND DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPG 1700 ELLER DR LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2021.

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


FILED  
2021 NOV -3 PM 1:00  
J. BULLOCK  
SECRETARY OF STATE



6351808 8300

SR# 20213686132

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204581040

Date: 11-02-21