

M21000016832

(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



400376921894

RECEIVED

2021 DEC 10 PM 3: 38

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

APPROVED
AND
FILED

2021 DEC 10 PM 4: 33

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DEC 13 2021
K. Brumbley

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

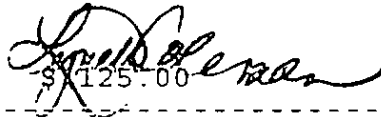
ACCOUNT NO. : I20000000195

REFERENCE : 287520 7618538

AUTHORIZATION :

COST LIMIT :

~~\$125.00~~



ORDER DATE : December 7, 2021

ORDER TIME : 1:49 PM

ORDER NO. : 287520-010

CUSTOMER NO: 7618538

FOREIGN FILINGS

NAME: SPG 8100 NW 25TH ST LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

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 8100 NW 25TH 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 & 605.0905, F.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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 10 PM 4:33

APPROVED
AND
FILED

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: Name and Address:

Manager Name: Seagis Property Group LP

Member Address: 100 Front Street, Suite 350

Authorized Conshohocken, PA 19428

Person _____

Other _____ 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: Timothy E. McKenna

Member Address: 100 Front Street, Suite 350

Authorized Conshohocken, PA 19428

Person _____

Other Secretary & Treasurer Other _____

Manager Name: Peter Crovo

Member Address: 100 Front Street, Suite 350

Authorized Conshohocken, PA 19428

Person _____

Other VP _____ Other _____

Manager Name: Erin Plourde

Member Address: 100 Front Street, Suite 350

Authorized Conshohocken, PA 19428

Person _____

Other VP _____ 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

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 8100 NW 25TH 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 TENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPG 8100 NW 25TH ST LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2021.

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



6455407 8300

SR# 20214051642

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204939867

Date: 12-10-21