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To:

15612148442

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Bmail Address:

Foreign Limited Liability Company SG PropCo 2021, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SG PropCo 2021, LLC				
1. (Name of Foreign	Limited Etability Company; must include "Limite	d Lubility Company	""L.L.C." or "LLC.")	*****
trante de l'oreign	Entired Elgothly Company, these include: Control	a gradiny company.	2.2	
(if name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. The alternate nam	e must include "Limited Exibility	Company," "L.L.C," or "LLC.")
Delaware		,		
(Junisdiction under the law of w	hich foreign limited liability company is organized)	3	(Fi:1 number, if a	pplicable)
1				
"	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) inc penalty (tobolity)		-
301 Commerce Street,	Suite 33(K)	301 Con	imerce Street, Suite 330	NO .
5. (Street Address of Principal Office)			ing Address	
(Sired Addiess of Principal Office)		,144	ing / audit v /	
Fort Worth, Texas, 761	02	Fort Wor	rth, Texas, 76102	
				7 . ~
				SEC
				· A R
7 Name and execut addess	ss of Florida registered agent: (P.O. Box	NOT accentable	e)	EC I
7. Ivanic und <u>street addre</u>	as of Florida regimered agent. (1.0. 50)	<u> </u>	-,	35.5
				- 연유 구2 / []
Name:	Corporate Creations Network Inc.			21.5
				PH 2: 42 OF STATE E, FLORID
Office Address:	801 US Highway 1			>
			22.400	
	North Palm Beach		33408 Florida	_
	(Cay)		(Zip code)	
Registered agent's accep	otance:			
Having been named as re	egistered agent and to accept service of	process for the a	bove stated limited liabi	ility company at the place
designated in this applica	ition, I hereby accept the appointment a ions of all statutes relative to the propet	is registered ager r and complete p	it and agree to act in the erformance of my dutie	is capacity. I further agree s. and I am familiar with
	is of my position as registered agent.	una complete p	,	, <u></u>
	Ç	\mathcal{D}		
		ク) Saray	Djidji, Special Secreta	ល្
	Discontinuity and agent's	ALADATION I		

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:	Title or Capacity:	Name and Address:
□Manager	Name: Yaman Shukairy	□Manager	Name: Matthew Coleman
□Member	Address: 301 Commerce Street, Ste 3300	⊡Member	Address: 301 Commerce Street, Ste 3300
■ Authorized	Fort Worth, Texas, 76102	a Authorized	Fort Worth, Texas, 76102
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	☐Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	Other	☐ Other
□Manager	Name:	□Manager	Name:
☐Member	Address:	☐ Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Mart A Column					
Signature of an authorized person					
Matthew Coleman, Vice President					
Typed or pented name of signer					



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SG PROPCO 2021, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SG PROPCO 2021,

LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204973559

Date: 12-14-21