	(Requestor's Name)	
<del></del>	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
<del></del>	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	

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S. FRANKLIN JAN 2 0 2022

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 370883 4303929

AUTHORIZATION :

COST LIMIT : \$'160.00

ORDER DATE : January 10, 2022

ORDER TIME : 8:14 AM

ORDER NO. : 370883-020

CUSTOMER NO: 4303929

## FOREIGN FILINGS

NAME: SPG 7481 RIVIERA BLVD 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**

•	gistration Section ision of Corporations		
SUBJECT:	SPG 7481 Riviera Blvd LLC		
oobvect.	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida	
Please return	all correspondence concerning this matter t	to the following:	
	Timothy E. McKenna		
	-	Name of Person	
	Seagis Property Group LP		
		Firm/Company	
	100 Front Street, Suite 350		
		Address . 22	
	Conshohocken, PA 19428	Address  City/State and Zip Code  e used for future annual report notification)  II:	• ٢
	C	City/State and Zip Code	4
	tmckenna@seagisproperty.com	City/State and Zip Code	•
	E-mail address: (to be	e used for future annual report notification)	
For further in	nformation concerning this matter, please ca	ll: 55 55	
Tir	nothy E. McKenna	484 530-9129 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Reg Div P.C Tal	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP \$125.00 Filing Fee S130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🗵 \$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

une unavanaure, enter antirizie fil	ame adopted for the purpose of transacting business in Flor	ida. The s	lternate name must include "Limited Liability Con	прапу," "L.L.(	C," or "LLC	
Delaware		3.				
(Jurisdiction under the law of which foreign limited liability company is organized)		٠.	(FEI number, if applicable)			
upon filing						
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, P.S. to determine	gistration.	mbility)		207	
100 Front Street, Suite 350		6	100 Front Street, Suite 350		2 JAI	
Address of Principal Office)		_	(Mailing Address)	37		
Conshohocken, PA 19428			Conshohocken, PA 19428		_ <del>-</del> p	
		_		in.		
		_		-717		
Name and <u>street address</u>	of Florida registered agent: (P.O. Box )	NOT a	cceptable)	ζ.		
Name:	Stephanie Zevallos		<del></del>			
	11340 Interchange Circle North					
Office Address:						
Office Address:	Miramar		, Florida 33025			

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: Seagis Property Group LP John Begier □Manager □ Manager Address: \_\_\_\_\_ 100 Front Street, Suite 350 □Member Conshohocken, PA 19428 Conshohocken, PA 19428 ☐ Authorized □ Authorized Person Person Other\_\_\_\_ □Other Other\_\_\_ Other\_\_\_\_ Timothy E. McKenna □ Manager □Manager 100 Front Street, Suite 350 100 Front Street, Suite 350 □Member Address: □Member Conshohocken, PA 19428 Conshohocken, PA 19428 ☐ Authorized □ Authorized Person Person Other Secretary & Treasurer ⊠Other Name: Erin Plourde □Manager □Manager Address: \_\_\_\_ ☐ Member □Member Conshohocken, PA 19428 ☐ Authorized □ Authorized Person Person ■Other 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.

Timoth E. Mckenn4



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

DELAWARE, DO HEREBY CERTIFY "SPG 7481 RIVIERA BLVD LLC" IS DULY

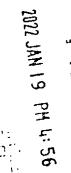
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPG 7481 RIVIERA BLVD LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2022.

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





Authentication: 202423971

Date: 01-18-22

6532488 8300 SR# 20220164207