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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPG 3500 NW 24TH ST LLC
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 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 3500 NW 24TH 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, P.3. 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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RECEIVED
STATE OF FLORIDA
SECRETARY OF STATE

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: S. Zevallos
(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 signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPG 3500 NW 24TH 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 FIRST DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPG 3500 NW 24TH ST LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6585201 8300

SR# 20220324214

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

Authentication: 202543523

Date: 02-01-22