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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	- 1.
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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8. FRANKLIN FEB 0 3 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 454317 8253247

AUTHORIZATION

COST LIMIT

ORDER DATE : February 1, 2022

ORDER TIME : 8:23 AM

ORDER NO. : 454317-005

CUSTOMER NO: 8253247

FOREIGN FILINGS

NAME: SFG GROVELAND I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

CYAMINED

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SFG GROVELAND I, LLC		
		ne of Limited Liability Company	
		y Company for Authorization to Transact Business in Florida." Certife referenced foreign limited liability company to transact business in	
Please	e return all correspondence concerning this matter	to the following:	
	Hannah Hope		
		Name of Person	
	Stonemont Financial Group		
		Firm/Company	
	3280 Peachtree Road NE, Suite 2	?770)
		Address	3 7 ~~~
	Atlanta, GA 30305	· · · · · · · · · · · · · · · · · · ·	2 -2
	hannah.hope@stonemontfinancial.c	com (ng.)	PH 1: 04
	E-mail address: (to b	be used for future annual report notification)	04
For fu	rther information concerning this matter, please ea		
	Наппаћ Норе	231 883-1986 at ()	
	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 DEI \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee. Certific	

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SFG GROVELAND I	Limited Liability Company, must include "Limite	ed Liabilit	y Company," "L.L.C.," or "LLC")		
Delaware	name adopted for the purpose of transacting business in F		: alternate name must include "Limited Liabili (FEI number, i		
N/A 4.				appicable i	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty	n.) : liability)		
3280 Peachtree Roa			3280 Peachtree Road NE	- 3	
5. (Street Address of Principal Office)		6.	(Mailing Address)	1002	
Suite 2770			Suite 2770	PEB -	
Atlanta, GA 30305			Atlanta, GA 30305	2 PP	•
7. Name and street addres	ss of Florida registered agent: (P.O. Box	C <u>NOT</u>	acceptable)	7: Q	لمس
Name;	Corporation Service Company				
Office Address:	1201 Hays Street				
	Tallahassee		32301 , Florida	_	
	{Cny}		(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.

Corporation Service Company

By: William assistant va president

(Registered agent) & 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:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	- <u>-</u> .
□Member	Address: 3280 Peachtree Road NE	□Member	Address:	
■Authorized	Suite 2770	□Authorized		
Person	Atlanta, Georgia 30305	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		2022
Other	Other	□Other		Other T
				-2 PI
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	75. 9
□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. 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, 1 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

William Markwell

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SFG GROVELAND I, LLC" IS DULY FORMED

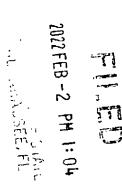
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

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 "SFG GROVELAND I, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

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





Authentication: 202548807

Date: 02-01-22

6412524 8300 SR# 20220332382