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RECEIVED

S. ROBERTS APR - 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 592214 4303929

AUTHORIZATION :

COST LIMIT : (\$ 1.601.00

ORDER DATE : April 5, 2022

ORDER TIME : 8:32 AM

ORDER NO. : 592214-010

CUSTOMER NO: 4303929

FOREIGN FILINGS

NAME: SEAGIS ACQUISITIONS 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

то:	Registration Section Division of Corporations				
SUBJE	Seagis Acquisitions LLC				
	Name 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	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 b	e used for future annual report notification)			
For furt	ther information concerning this matter, please ca	il:			
	Timothy E. McKenna	484 530-9129 at()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
	Tallahassee, FL 32314	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	ee & □ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fl	lorids. The alternate name must include "Limited Liability Company," "L	L.C." or "Ll
Delaware		3.	
(Jurisdiction under the law of v	rhich foreign limited liability company is organized)	(FEI number, if applicable)	
upon filing			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, P.S. to determine	registration.) ine penulty fiability)	
100 Front Street,	Suite 350	100 Front Street, Suite 350	
eer Address of Principal Office)		(Mailing Address)	
Conshohocken, P.	A 19428	Conshohocken, PA 19428	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2022 KI IV
Name:	Stephanie Zevallos		
Name: Office Address:	Stephanie Zevallos 11340 Interchange Circle North		
		33025	

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.

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: Title or Capacity: Name and Address: Name and Address: Name: ____ John Begier Seagis Acquisitions LLC □ Manager □ Manager Address: _ 100 Front Street, Suite 350 Address: _____ Suite 350 ■ Member □Member Conshohocken, PA 19428 Conshohocken, PA 19428 □ Authorized □Authorized Person Person President □ Other Other □ Other____ Name: ____ Name: Peter Crovo □ Manager □Manager Address: 100 Front Street, Suite 350 Address: 100 Front Street, Suite 350 □ Member □Member Conshohocken, PA 19428 Conshohocken, PA 19428 □ Authorized □ Authorized Person Person **■Other** Secretary & Treasurer Other____ □Other___ Name: Erin Plourde □Manager Name: ____ □Manager Address: 100 Front Street, Suite 350 Address: ____ ☐ Member ☐ Member Conshohocken, PA 19428 ☐ Authorized ☐ Authorized Person Person Other_VP □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. Signature of an authorized person

Timoth E. Mckenut

Tiped or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SEAGIS ACQUISITIONS 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 SEVENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEAGIS

ACQUISITIONS LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2022.

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

Authentication: 203128213

Date: 04-07-22