

M22000009598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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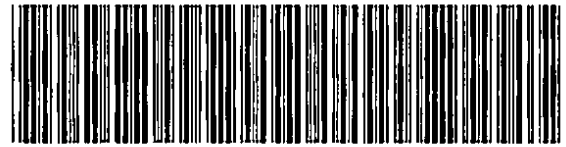
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/03/22--01021--011 **160.00

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2022 JUN -3 PM 5:21
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SSL DB I 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:

CHRISTOPHER PAROLIE

Name of Person

SEAPORT SPECIALTY LENDING LLC

Firm/Company

2875 SOUTH OCEAN BOULEVARD, SUITE 200

Address

PALM BEACH, FL 33480

City/State and Zip Code

ABLACK@SEAPORTLENDING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>ANDREW BLACK</u>	215	280-4868
Name of Contact Person	at ()	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**

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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**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. SSL DB I LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(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 "L.I.C.")

2. DELAWARE 3. 84-3070333
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/1/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 360 MADISON AVENUE 6. 2875 SOUTH OCEAN BOULEVARD
(Street Address of Principal Office) (Mailing Address)
20TH FLOOR SUITE 200
NEW YORK, NY 10017 PALM BEACH, FL 33480

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHRISTOPHER PAROLIE

Office Address: 745 CLAREMORE DRIVE

WEST PALM BEACH 33401
(City) Florida (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.

DocuSigned by:

Christopher Parolie

6A9B4ED51C5B478

(Registered agent's signature)

FILED
2022-06-03 PM 5:21
CLERK OF STATE
OFFICE OF THE CLERK OF STATE
PALM BEACH, FL

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: MICHAEL BERNSTEIN

☐ Member Address: 153 KINGS ROAD

☐ Authorized PALM BEACH, 33480

Person _____

☒ Other MANAGING DIR ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: CHRISTOPHER PAROLIE

☐ Member Address: 745 CLAREMORE DRIVE

☐ Authorized WEST PALM BEACH, FL 33401

Person _____

☒ Other MANAGING DIR ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

DocuSigned by:

 6A884FD51C5B47B ..

Signature of an authorized person

CHRISTOPHER PAROLIE

Typed or printed name of signer

Delaware

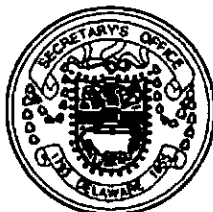
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSL DB 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 JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSL DB I LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2019.

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



7609202 8300

SR# 20222564344

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203566619

Date: 06-01-22