



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SGC22 Holdings 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:

Maximillian Grogan-Crane

\_\_\_\_\_  
Name of Person

SGC22 Holdings LLC

\_\_\_\_\_  
Firm/Company

1221 Brickell Ave., Suite 900

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

max@grogancrane.com

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

For further information concerning this matter, please call:

Maximillian Grogan-Crane

650

515-8409

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 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. SGC22 Holdings 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. STATE OF WYOMING (Jurisdiction under the law of which foreign limited liability company is organized) 3. 85-4032687 (FEI number, if applicable)

4. August 28, 2022 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1221 Brickell Ave., Suite 900 (Street Address of Principal Office) Miami, FL 33131 USA

6. 1221 Brickell Ave., Suite 900 (Mailing Address) Miami, FL 33131 USA

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

Name: Max Grogan - Crane Office Address: 1221 Brickell Avenue Suite 900 Miami, Florida 33131

FILED FOR FILE 2022 SEP - 2 AM 9:30

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.

Max Grogan Crane (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: Maximillian Grogan-Crane  
 Member Address: 1221 Brickell Ave., Suite 900  
 Authorized Miami, FL 33131 USA  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**  
 Manager Name: Richard Grogan-Crane  
 Member Address: 1221 Brickell Ave., Suite 900  
 Authorized Miami, FL 33131 USA  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

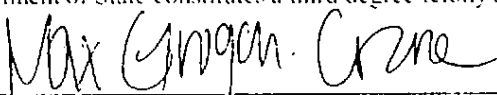
Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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.

  
\_\_\_\_\_  
Signature of an authorized person

Max Grogan - Crane  
\_\_\_\_\_  
Typed or printed name of signer

STATE OF WYOMING  
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**SGC22 Holdings LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 25, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000960898**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of August, 2022 at 10:07 AM. This certificate is assigned ID Number 054741016.



*Edward A. Buchanan*  
Secretary of State