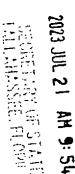
## MZ300009464

	(Requestor's Name)	
	(Address)	
<del></del>	<b>A</b>	
	(Address)	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Filodie #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	<del></del> -
<del> </del>	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

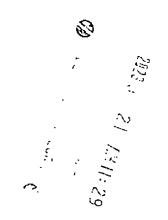
Office Use Only



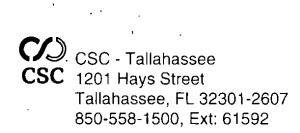
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APPROVEU AND FILED



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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 07/21/23 Order #: 1235056-1

Re: SA Properties A, LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

publenan

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SA Properties A. LLC (Name of Foreign	Limited Liability Company: must include "Limite	ed Liability Company,	"L.L.C.," or "LLC.")		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. The alternate name	e must include "Limited Lial	bility Company,""L. I.	. C," or "Lt.C.")
Delaware 2.		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI numbe	r, if applicable)	
4				<del></del>	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determ	registration ) nine penalty liability)			
2411 N Glassell Street			Glassell Street		
(Street Address of Principal Office)		(Maili	ng Address)		
Orange, CA 92865		Orange, C	CA 92865		
					<u>}</u>
7. Name and street addres	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable	)	THE WAYS	
Name:	Corporation Service Company				
Office Address:	120 Hays Street			A A	1
	Tallahassee	ŀ	32301 lorida		
	(City)	<del></del>	(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.

(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:	Title or Capacit	<u>ty:</u>	Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: 2411 N Glassell Street	□Member	Address:	
□Authorized	Orange, CA 92865	□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	_	Person		
□Other	□Other	□Other		□Other

<u>Important Notice:</u> 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.

OocuSigned by:	
Mark Sweetman	
	Signature of an authorized person



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

DELAWARE, DO HEREBY CERTIFY "SA PROPERTIES A, 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 TWENTIETH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SA PROPERTIES A, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2023.

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

at corn delaware pov/aut

Authentication: 203791975

Date: 07-20-23