Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000254620 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

cguerin@starwood.com Email Address:\_\_\_

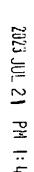
Foreign Limited Liability Company SCG ATLAS SABAL POINTE TRS, LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	04
Estimated Charge	\$155,00

Please honor original submission date of 7/21/2023

Electronic Filing Menu Corporate Filing Menu

Help



To:

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

SCG Atlas Sabal Point	e TRS, L.L.C.				
(Name of Foreign	Limited Liability Company, most include 'Limited	Liability Company, "LLC," or 'LLC.")	<del></del>		
name unavailable, enter alternate s	name adopted for the purpose of transacting business in Fle	onds. The alternate name must include "Limited Liab	olity Company, ""E L.C." or "LLC."		
Delaware		93-2248000			
Hursdiction under the law of which foreign limited liability company is organized;		3. (F13 number, al applicable)			
	(Date liest transacted business in Honda, if prior to r (See sections 605 0901 & 605 0905, 1° 5 to determin	egistration 3 ne pointry hability)			
591 West Putnam Avenue		591 West Putnam Avenue			
reet Address of Principal Office)		(). (Mailing Address)	<del></del>		
Greenwich, CT 06830		Greenwich, CT 06830			
·		<del></del> _			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	20		
The second secon	# and a market a Branch and a Branch and a market and a market a market a market a market a market a market a	ince painte,	- 73		
	C T Corporation System				
Name:	C T Corporation System		2023 JUL 21		
,,	C T Corporation System  1200 South Pine Island Road	<del></del>	_		
Name: Office Address:			JUL 21 PM		
		33324 Florida	_		

## 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.



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 Capacity:		Name and Address:
□Manager	Name: SCG Atlas Sabal Pointe Holdings L.L.C.	□Manager	Name:	
■Member	Address: 591 West Putnam Avenue	□ Member	Address:	
□Authorized	Greenwich, CT 06830	☐ 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	<del></del>	□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

Nick Antonopoulos, Authorized Person



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SCG ATLAS SABAL POINTE TRS, L.L.C." 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 ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7550547 8300 SR# 20233044871 Authentication: 203790589

Date: 07-20-23