## M230000010019

(Requestor's N	ame)			
(Address)				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(Address)				
(City/State/Zip/	Phone #1			
(* ; * * * * * * * * * * * * * * * * * *				
PICK-UP WA	IT MAIL			
(Business Enti	ty Nama)			
(Dosiness End	ly Name;			
(Document Number)				
Certified Copies Certif	icates of Status			
Special Instructions to Filing Office	PT:			
-				





700412806487

07/28/23--01020--004 \*\*125.00

2023 JUL 26 PH 4: 15





July 21, 2023

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom this may concern,

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in FL, a Cover Letter, a Certificate of Good Standing from the Secretary of State of Delaware as well as a check for \$125.

Please let me call me at (617) 574-3330 or email at <u>elafferty@saturnpartnersvc.com</u> if you require anything additional or have any questions. We look forward to operating out of our office in the State of Florida.

Best regards,

Ed Lafferty

CFO & Member

Saturn Management LLC

## **COVER LETTER**

	egistration Section
D	ivision of Corporations
SUBJECT	SPLP I Opportunity LLC
	Name of Limited Liability Company
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please retu	rn all correspondence concerning this matter to the following:
	Edward A. Lafferty
	Name of Person
	Saturn Management LLC
	Firm/Company
	501 1st Ave N, Suite 901

Address

## 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:

SPLP I Opportunity, L.L.	C.  name adopted for the purpose of transacting business in Fk	The decree was in the desired	Elaboration Community W. L. C. Toy W. L. C.	
	name adopted for the purpose of transacting business in FR		Liability Company, 1,12C, or C.C.	
Delaware		27-1281383 3.		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI nu	mber, if applicable)	
1/1/2023				
·	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) re penalty liability)		
501 1st Ave N		501 1st Ave N		
treet Address of Principal Office)	<del></del>	6. (Mailing Address)	<del></del>	
Suite 901		501 1st Ave N		
St Petersburg, FL 33701		St Petersburg, FL 33701		
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Corporation Service Company		2023 JUL 26	
Office Address:	1201 Hays St		25 ° '	
	Tallahassee	32301		

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.

Corporation Service Company

By: Paula Washburn

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: Name: Jeffrey S. McCormick Edward A. Lafferty ■ Manager □ Manager 300 Ocean Drive, Unit 332 Address: \_ 855 Bayway Blvd., Unit 708 Address: **■**Member ☐ Member Clearwater Beach, FL 33767 Palmas Del Mar Authorized Authorized Humacao, PR 00936 Person Person □Other\_ Other □Other □Other Name: \_\_\_\_ □Manager Name: □Manager Address: ☐ Member Address: **■**Member ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other Other Other Name: □ Manager Name: \_\_\_\_\_ □Manager □Member Address: □Member Address: \_\_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person

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.

□Other\_\_\_\_\_

□Other

□Other

□Other\_\_\_

- 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.

Edward A. Lafferty

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SPLP I OPPORTUNITY 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 TWENTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPLP I OPPORTUNITY LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2009.

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

Authentication: 203797390

Date: 07-21-23