Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 : (407)843-4600

Fax Number

: (786)901-8020

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

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Foreign Limited Liability Company SGV EQUIPMENT LEASING, LLC

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

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

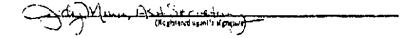
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Unitabilitie enter the it is of which breign limited in billing company is eigenized.			(FIX number, if applicable)	
UPON FILING OF TH	IIS APPLICATION			
	(Data first transported business up Howide, If mor to (See sections 605.0904 & 605.0305; F.a. & determ	scapinalio scapinalio	() Habilaty)	
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eri Advices of Februari Ottor)	The second se	ο.	(Mishing Address)	
MELBOURNE, FLORE	DA 32901		VERO BEACH, FLORIDA 32963	
Name and <u>street releters</u>	B of Florida registered agent; (P.O. Box	NOT	acceptable)	
Name:	PARACORP INCORPORATED			
Office Address:	155 OFFICE PLAZA DRIVE, 1ST FL	oor		
	TATIANACSEE		32301	

Registored 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.

(Cu₇)

, Florida



Title or Canacity:	Name and Address:	Title or Council	l <u>y</u> i	Nama and Address:
Manager .	Name: MICHAEL JAMES OTWORTH	□Manager	Name:	
□Member	Address: 4606 SUNSET DRIVE	□Member	Address:	
□Authorized	VERO BEACH, FL 32963	☐ Authorized		
Person	And the Control of th	Person		
Other	Other	□Other		□Other
] Managor	Name:	□Manager	Name:	
2Member	Address:	Member	Address: _	
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Authorized		□Authorized		·
Person		Person		· · · · · · · · · · · · · · · · · · ·
		□Other		Other

Typed or srinted name of signes

MICHAEL JAMES OTWORTH

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SGV EQUIPMENT LEASING, 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-FOURTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SGV EQUIPMENT LEASING, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2023.

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

Authentication: 204441791

Date: 10-24-23