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SLORETALL OF STATE

2021 SEP -3 PH 1: 18

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CA



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2021

RESUBMIT

Please give original submission date as file date.

CSC

SUBJECT: SVL SELLER HOLDINGS, INC

Ref. Number: W21000120983

We have received your document for SVL SELLER HOLDINGS, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

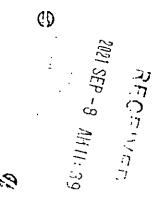
Correct the spelling of the City in Article V.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 121A00021498



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 988562 4359881
AUTHORIZATION: Sould le man
COST LIMIT : \$ (78.75
ORDER DATE : September 3, 2021
ORDER TIME: 4:14 PM
ORDER NO. : 988562-005
CUSTOMER NO: 4359881
•
DOMESTIC FILING
NAME: SVL SELLER HOLDINGS, INC.
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

COVER LETTER

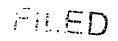
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SVL SELLER HOLDINGS, INC.

	(PROPOS	SED CORPORAT	E NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an	original and one (1)	copy of the articl	es of incorporation and	a check for:		
□ \$70.0 Filing F	- · · · · · · · · ·	of Status	■ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM	Patzik, Frank & Sam		G Shapiro Printed or typed)			
	200 South Wacker Drive, Suite 2700					
	Address					
	Chicago, IL 60606					
	City, State & Zip					
	312-551-3055					
	Daytime Telephone number					
	lfolimer@pfs-law.com					
	E-mail add	ress: (to be used for	or future annual report no	otification)		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



RTICLE I NAM ne name of the corpo	IE SVL SELLER HOLDINGS, II	NO. 2021 SEP -3 PM 1:
RTICLE II PRIM 931 TULIPAN CO ORAL GABLES F	NCIPAL OFFICE Principal street address URT	SECRETARY OF STA Mailing address, if different is:\SSEE. FL
DR WHICH A COL	n the corporation is organized is: THE TRAIN RPORATION MAY BE ORGANIZED UND NING, HOLDING AND DISPOSING OF S	
ND TO OTHERW	ISE HOLD, OWN INVEST AND DISPOSE	OF THE PROCEEDS THEREOF.
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<u> </u>		
TICLE IV SILA	B.C.O.	
RTICLE IV SHA	RES 10,000 of stock is:	
ne number of shares o	of stock is:	
ne number of shares o	of stock is: IAL OFFICERS AND/OR DIRECTORS Scott B. Lucas, Director and President	Name and Title:
ne number of shares o	IAL OFFICERS AND/OR DIRECTORS tle: Scott B. Lucas, Director and President	Name and Title:
ne number of shares of RTICLE V INITAL Name and Tile	IAL OFFICERS AND/OR DIRECTORS tle: Scott B. Lucas, Director and President	
ne number of shares of RTICLE V INITAL Name and Tile	AL OFFICERS AND/OR DIRECTORS Scott B. Lucas, Director and President 6931 TULIPAN COURT	
ne number of shares of RTICLE V INITA Name and Til Address	AL OFFICERS AND/OR DIRECTORS Scott B. Lucas, Director and President 6931 TULIPAN COURT CORAL GABLES FLORIDA 33143	Address:
RTICLE V INITA Name and Tit Address Name and Titl	AL OFFICERS AND/OR DIRECTORS Scott B. Lucas, Director and President 6931 TULIPAN COURT CORAL GABLES FLORIDA 33143	Address: Name and Title:
ne number of shares of RTICLE V INITA Name and Til Address	AL OFFICERS AND/OR DIRECTORS Scott B. Lucas, Director and President 6931 TULIPAN COURT CORAL GABLES FLORIDA 33143	Name and Title:
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Name and Titl Address Address	AL OFFICERS AND/OR DIRECTORS Scott B. Lucas, Director and President 6931 TULIPAN COURT CORAL GABLES FLORIDA 33143	Address: Name and Title: Address: Name and Title:

Name :	and little:	Name and Title:			_
Addre	ess	Address:			<u>_</u>
					_
					_
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the anniational access to			
Name:	Corporation Service Company	of the registered agent is:	(0		
Address:	1201 Hays Street	_	SECR TAL	2921	
- ר –	Tallahassee, FL 32301	_	CT1	SEP.	1
			美学	ယ်	- To Evenin
ARTICLE VII	<u>INCORPORATOR</u>		ETWKN OF ST		
The name and a	address of the Incorporator is:		ST.		U
Name:	Joel G Shapiro		L ATE	8	
Address:	200 South Wacker Drive, Ste 2700	_			
	Chicago, IL 60606	_			
4.D					
	FFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)	•		
(If an effective	date is listed, the date must be specific and cann	ot be more than five days p	rior or 90 days after	the	
filing.)					
Note: If the dat	e inserted in this block does not meet the applicable	e statutory filing requirements	s, this date will not be	listed a	as .
me document 5	effective date on the Department of State's records	-			
Having been na	med as registered agent to accept service of process;	for the above stated corporatio	on at the place designa	ited in ti	his
certificate, I am	familiar with and accept the appointment as registe	red agent and agree to act in t	his capacity		
My	My Ulilandiassistan	Trice president	9-3-202	1	
7	Required Signature/Registered Agent		Date	<u>.</u>	-
l submit this do	cument and affirm that the facts stated herein are	true. I am aware that the fa	lse information subn	nitted in	а
iveument to the	Department of State constitutes a third degree felon	v as provided for in s.817.155	0 0 0		_
Paguird Sarah	Ohypro by Aglit	ular	9-3-2	02	!
Required Signati	me/incorporatory	Dat	te		