

M2300001509

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
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.****

Email Address: ct-statecommunications@wolterskluwer.com

**Foreign Limited Liability Company
SC SPV, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

2023

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SC SPV, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name may differ, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. New York 27-1567190
(Jurisdiction under the law of which foreign limited liability company is organized) (FIC number, if applicable)

4. _____
(Date that foreign limited liability company began operations prior to registration. (See sections 603.0901 & 603.0902, F.S., to determine penalty liability.)

5. 777 S FLAGLER DR STE 1100 777 S FLAGLER DR STE 1100
(Street Address of Principal Office) (Mailing Address)

WEST PALM BEACH, FL 33401-6161 WEST PALM BEACH, FL 33401-6161
(City and State) (City and State)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (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.

By C T Corporation System Rachel O'Connor
Registered agent's signature Rachel O'Connor, Assistant Secretary

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].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: James D'Siducky	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 777 S. Flagler Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Suite 1100 West Palm Beach, FL 33401-6161	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

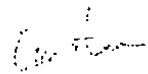
<input type="checkbox"/> Manager	Name: Eric Hansen	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 777 S. Flagler Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Suite 1100 West Palm Beach, FL 33401-6161	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

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.



 Name of authorized person
 Eric Hansen

 Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: SC SPV LLC
DOS ID Number: 3893131
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/29/2009
Statement Status: CURRENT
Statement Due Date: 12/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 12/29/2009
Entity Name: SC SPV LLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 04/26/2010

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 05/21/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/03/2012
Effective Date: 12/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/25/2014
Effective Date: 12/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/02/2015
Effective Date: 12/01/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/04/2017
Effective Date: 12/01/2017

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/03/2019
Effective Date: 12/01/2019

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 11/04/2022

Document Type: CERTIFICATE OF CHANGE BY ENTITY
Date of Filing: 01/23/2023

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/02/2023
Effective Date: 12/01/2021

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 02, 2023 at 01:15 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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