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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 : (800)345-4647 Phone Fax Number : (800) 432-3622

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

-- Email Address: S တ်

FLORIDA/FOREIGN LP/LLLP TRG BOCA CONGRESS, L.P.

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**FILE SECOND - FILE AFTER TRG - BOCA CONGRESS GP,

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(03/06) 05/10/2017 04:01:06 PM

COVER LETTER.

TO: Registration Sec Division of Com					
SUBJECT: TRG BO	ca Congress, L.	Ρ.			
	e of Foreign Limited Partn		p.or.Limited	Liability	Limited Partnership
partnership to transact but			, , , , ,	register	a foreign limited partnership or limited Hability limited
Karen Allen					
	Contact Person			_	
Trinsic Residen	itial Group LP				
	Firm/Company			,	
3100 Monticello	Ave., Suite 900				
	Address			-	
Dallas, TX 7520) 5			Ň	
.Ci	ly, State and Zip Code			-	
KAllen@trinsicre	s.com				
E-mail address: (to be u	sed for future annual repor	t noti	fication)	_	
For further information co	oncerning this matter, pleas	c call	k:		
Karen Allen		at (214	,462	-7190
Name of Contac	t Person			nd Dayti	me Telephone Number
Enclosed is a check for th	e following amount:				
CI \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	1 \$1,052.50 Filing Fees and Cortified Copy		~	1 \$1,061.25 Filing Pee. Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle	Reg Div P. C	ilLING ADI pistration Sec dision of Corp J. Box 6327 lahassee, FL	tion orations	

Mailing Address:_

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. TRG Boca Congress, L. (Name of Limited Partnership suffice Acceptable Limited Partnership suffice Acceptable Limited Liability Limited	thip or Limited Link xes: Limited Partner	ship, Limited, L.P., LP, or	Ltd.	•
If name unavailable, name under wi		ership or limited liability l da; must contain acceptab 3. May 9, 20	le suffix.	s to register to transac
State or Country	of Formation	3,11149 47 21	Date of Formation	
4. Federal Employer Identification	Number:			
5. Name of Registered Agent for Se	rvice of Process and	Florida Street Address:		
Capitol Corporate Ser	vices, Inc.			
155 Office Plaza Dr., S	Suite A			
Tallahassee, FL 32301				
 Thereby accept the appaintment a of all statutes relative to the prope my position as registered agent. 	er and complete perfo	thance of my duties, and	Lam familiar with and acc	ep; the obligations of
	Signat	ure of Registered Agent		
· · · · · · · · · · · · · · · · · · ·		8. Mailing Address:		an'n
3100 Monticello Ave.,	Sulfa acc	······································	ello Ave., Suite 9	300
Dallas, TX 75205		Dallas, TX 7	5205	
9; If limited partnership is a limite 10. Name, principal office address, Name of General Partner; TRG	and mailing addres	s of each general partne		
Street Address: 3100 Mont			·	
Dallas, T.		Su cer Aduless	·	
		te 900		
Mailing Address: 3100 Mont		Mailing Addre		
Name of General Partner:		Name of Gene	•	
Street Address:		Street Address	K	
· · · · · · · · · · · · · · · · · · ·		,		

Mailing Address:

<u>.</u>



		Page 1 of 2	
Name of Ge	neral Partner:	Name of General Partner:	
Street Addre	psg:	Street Address:	<u> </u>
Mailing Add	dress;	Mailing Address:	
11. Effective da Æffective date c	ite, if other than the date of filing: annot be prior to nor more than 90 days	ofter the date this document is filed by the F	Florida Department of State.)
Florida Departm the law of which	ent of State, by the Secretary of State or a it is organized.	ted, not more than 90 days prior to the deliver other official having custody of the entity's	ry of this application to the records in the jurisdiction under
Signed this 9th	n day of May	17	
The individual s	Signing this document affirm that the fact	President of gnature of a general partner Congress of the state of herein are true and the individual is stitutes a third degree felony as provided for	aware that false information
	Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 R \$52.50 \$8.75	Legistered Agent Fee)
		Page 2 of 2	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRG BOCA CONGRESS, L.P." 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 TENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRG BOCA CONGRESS, L.P." WAS FORMED ON THE NINTH DAY OF MAY, A.D. 2017.

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

6405852 8300 SR# 20173317806

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202517007

Date: 05-10-17