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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 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:\_

## Foreign Limited Liability Company TIC PROPERTY 1, LLC

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MAR 10

## COVER LETTER

): Registration Section Division of Corporations
UBJECT: TIC Property 1, LLC
Name of Limited Liability Company
e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of istence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
ease return all correspondence concerning this matter to the following:
Name of Person
Capitol Services - Corporate Filings Team
Firm/Company
515 East Park Avenue 2nd Fl Address
Tallahassee, FL 32301
City/State and Zip Code david.thompson5778@yahoo.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
at ( 855 ) 498 - 5500
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: F1.ORIDA DEPARTMENT OF STATE  S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TIC Property 1, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.C.," or "LUC.")

(Due first transacted business in Florida, If prior to registration.) (See section 605,0904 & 605,0905, F.S. to determine penalty stability.)  448 Ignacio Blvd., #271  (Street Address of Principal Office)  Novato, CA 94949  Novato, CA 94949  Novato, CA 94949  Novato, CA 94949  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida (Zip code)  (City) , Florida 32301  (City) , Florida agent and to accept service of process for the above stated limited liability comparing grated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent.	elaware		3. <u>84-49713</u>	51	
(Street Address of Principal Office)  6. 448 Ignacio Blvd., #27  6. 448 Ignacio Blvd., #27  6. Multing Address)  Novato, CA 94949  Novato, CA 94949  Novato, CA 94949  Novato, CA 94949  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301  (City) , Florida 32301  (City) , Florida at a street in this application, I hereby accept the appointment as registered agent and agree to act in this capacity only with the provisions of all statutes relative to the proper and complete performance of my duties, and I among the control of the provisions of my position as registered agent.	diction under the law of which i	oreign limited liability company is organized)		FPI number, if applicable)	
Novato, CA 94949  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301  (City) , Florida 32301  (City) , Florida acceptance: The same and to accept service of process for the above stated limited liability comparated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I among the obligations of my position as registered agent.		(Date first transacted business in Florida, if prior to registrat (See sections 605,0904 & 605,0905, F.S. to determine penal	ion.) ky fiability)		
me and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee Florida 32301  (City) Florida 32301  (City) Florida 32301  (City) The code)  Stered agent's acceptance: age been named as registered agent and to accept service of process for the above stated limited liability companied in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, apply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent.	48 Ignacio B	lvd., #271	448 Ignaci	o Blvd., #271	
Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee , Florida 32301 (Zip code)  Stered agent's acceptance: Ing been named as registered agent and to accept service of process for the above stated limited liability companied in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, inply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent.	(State Manager Manager Manager)		· -		
Name: Capitol Corporate Services, Inc.  Office Address: 515 East Park Avenue 2nd Fl  Tallahassee Florida 32301  (City) With the above stated limited liability companied in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Inply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent.					
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Tallahassee  (City)  (City)  (City)  (City)  Tallahassee  (City)  (Cit	me and street address o	Florida registered agent: (P.O. Box NO	<u> </u>		
tered agent's acceptance:  In the second sec			<u>r</u> acceptable)		
stered agent's acceptance:  In the sen named as registered agent and to accept service of process for the above stated limited liability companies in this application, I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of my duties, and I amage the obligations of my position as registered agent.	Name: C	apitol Corporate Services, Inc.	<u>  acceptable</u>		
ng been named as registered agent and to accept service of process for the above stated limited liability compa nated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity nply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am ccept the obligations of my position as registered agent.	Name: C	apitol Corporate Services, Inc.  15 East Park Avenue 2nd Fl  allahassee		301	
ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am cept the obligations of my position as registered agent.	Name: C	apitol Corporate Services, Inc.  15 East Park Avenue 2nd Fl  allahassee		301 (Zip code)	
A Section Asset Committees	Name: C  Office Address: 5  T  tered agent's acceptance been named as regis	apitol Corporate Services, Inc.  15 East Park Avenue 2nd Fl  allahassee  (City)  ce: tered agent and to accept service of proce-	, Florida 32	limited liability compan	
Leigh Johnson , Asst. Secretary of Capitol Corporate Service	Name: C  Office Address: 5  T  tered agent's acceptance been named as regisented in this application only with the provision.	apitol Corporate Services, Inc.  15 East Park Avenue 2nd Fl  allahassee  (City)  ce: tered agent and to accept service of proces, I hereby accept the appointment as region of all statutes relative to the proper and	, Florida 32 ss for the above stated istered agent and agree	limited liability compan to act in this capacity.	

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Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Brian Thompson	☐ Manager	Name:	. <del></del>
☐Member	Address: 448 Ignacio Blvd., #271	Member		
Authorized	Novato, CA 94949	☐ Authorized	<del></del> -	· · · · · · · · · · · · · · · · · · ·
Person		Person	<del></del>	
Other	Other	Other		Other
	,			
⊠Manager	Name: David Thompson	Manager	Name:	
Member	Address: 448 Ignacio Blvd., #271	☐ Member	Address: _	
Authorized	Novato, CA 94949	☐ Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Thompson Family Trust dated October 28, 1988	Manager	Name:	
⊠Member	Address: 1252 Highland Drive	Member	Address: _	
∐Authorized	Novato, CA 94949	☐ Authorized	<del></del>	
Person		Person		
Other	Other	Other		Other
9. Attached is a cer jurisdiction under the translator mu  10. This document	Use an attachment to report more than six (6). The may be added to the index when filing your Flort tificate of existence, no more than 90 days old, dhe law of which it is organized. (If the certificate ist be submitted) is executed in accordance with section 605.0203 ment to the Department of State constitutes a thir	rida Department of State uly authenticated by the is in a foreign language (1) (b), Florida Statutes	e Annual Rep e official hav e, a translatio . I am aware	nort form.  ing custody of records in the northe certificate under orthat any false information

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TIC PROPERTY 1, 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 NINTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIC PROPERTY 1, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2020.

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

7875598 8300
SR# 20202019390
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202547840

Date: 03-09-20