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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company TPAF II PARK ONE, LLC

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Help

From; Lexus Wingo

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

	SINESS IN THE STATE OF FLORIDA					
1. TPAF II Park One, LL	C Tamifed Liability Company, toust include "La titled	Citable Commiss	177 m 25 m 177 m 1		_	
(14atis or i sicisti	Land Carliny Company, mast make the fires	r maonty Company, - t.	1.4. (7 114., 3			
	rains adopted for the purpose of transmiting business in Fig.					
	rains activities for the purpose of harmeeting beariess in the	official Title Alternate cause state	d mathode "Labrated Emphris	Company," "LLC," :	(142.)	
Delaware 2.		3.	•			
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4	(Photo there bears a had business in blanches of error (S.)	enlitthica i				
	(Chin that textended business in Florida, if prior to i (See section) 605 0904 & 602,0403, F.S. in determin	ne penalty lightlity)				
8500 Normandale Lak 5.	e Blvd., Suite 700	6				
Stiest Address of Principal Office)		(Ma ling A)	Micas)			
Minneapolis, Minneso	ta 55437					
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7 Name and street addiss	ss of Florida registered agent; (P.O. Box	NUT accentable)		RE TA AHAS	JAN	
7. Course and processings	g (4) forma registered agent. (1.0. Dox	(ACA) acceptance		TAR ASS	8	
	C T Corporation System			ĕ~		, ,
Name:	C 1 Corporation System			. J	⊋	П
	1200 South Pine Island Road			HOL	- :	
Office Address:				30.	կ։ 17	
	Plantation		33324	≠	_	
	(Ci.y)	. Fleri	da (Zip code)	•		
	·		(Dip (diae)			
Registered agent's accep	tance: gistered agent and to accept service of p.	source for the phane	central limited Habi	lika namanan nt	ika nin	
designated in this applica	tion. I hereby accept the appointment as	registered agent an	d agree to act in thi	s capacity. I ful	ether ag	rec
to comply with the provisi	ons of all statutes relative to the proper	and complete perfor	mance of my duties	, and I am fami	liar witi	h
та оссерсте пондантя	s of my position as registered agent.	all				
B	ly: CT Corporation System - Olya Hinkel, \	vP				
	(Registeres ayes) is si			-		

From: Lexus Wingo

Page: 5 of 6

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Robert L. Franson 8500 Normandale Lake Blvd., Suite 700	□Manager	Name: Timberland Partners Apartment F 8500 Normandale Lake Blvd., Suite 700
□Member	Address: Minneapolis, MN 55437	5€ Member	Address: Minneapolis, MN 55437
□Authorized	***************************************	□Authorized	
Person		Person	
□Other	[]Other	[]Other	Other
「IManager	Name:	LIManager	Name:
[[Member	Address:	□Momber	Address:
□Authorized		□Authorized	
Person		Person	
i_lOther	Other	□Other	Other
□Manager	Name:	□Manager	Name:
[] Member	Address:	□Member	Address:
□Authorized	And the second s	□ Authorized	An Anhan sanatan emakan katananan kelementan manamatan m
Person		Person	
Other	□Other	[]Other	[]Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 gware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Norman inhabzell		
	Signature (i) so suffered person.	
Thomas R. Wentzell		
	Type I or printed 1 ame of signee	

Page: 6 of 6



Page 1

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

DELAWARE, DO HEREBY CERTIFY "TPAF II PARK ONE, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2021.

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

a at sorp.delaware apy/auth

Authentication: 204994399

Date: 12-16-21