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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL -1 AM 8:11

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J. SAULSBERRY  
EXAMINER

JUL 5 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TFAF II LP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.  
Please return all correspondence concerning this matter to:

ERIK WESOLOSKI

Contact Person

TFAF II LP

Firm/Company

848 Brickell Avenue, Suite 302

Address

Miami, Florida 33131

City, State and Zip Code

Erik@wesoloskicarlson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Wesoloski

at ( 305 ) 329-1030

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)  
☐ \$1,008.75 Filing Fees and Certificate of Status  
☐ \$1,052.50 Filing Fees and Certified Copy  
☒ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. TFAF II LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. 6-28-11

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

Wesoloski Carlson, P.A.

848 Brickell Avenue, Suite 300

Miami, Florida 33131

5. 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.

  
Signature of Registered Agent

7. Principle Office: (Florida Street Address)

8. Mailing Address:

848 Brickell Avenue, Suite 302

848 brickell Avenue, Suite

Miami, Florida 33131

Miami, Florida 33131

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TALLAHASSEE, FLORIDA

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9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: TFAF LLC

Name of General Partner: \_\_\_\_\_

Street Address: 848 Brickell Ave. Suite 302

Street Address: \_\_\_\_\_

Miami, FL 33131

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_


Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 30<sup>th</sup> day of June, 20 11

  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

Page 2 of 2

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TFAF II LP" 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TFAF II LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5003464 8300

110770446

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8868466

DATE: 06-28-11

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF "TFAF II LP", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2011, AT 2:15 O'CLOCK P.M.

2011 JUL -1 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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5003464 8100

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8868457

DATE: 06-28-11

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:22 PM 06/28/2011  
FILED 02:15 PM 06/28/2011  
SRV 110770446 - 5003464 FILE

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TALLAHASSEE, FLORIDA

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CERTIFICATE  
OF  
LIMITED PARTNERSHIP

The Undersigned, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

FIRST. The name of the limited partnership is TFAF II LP.

SECOND. The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, in the city of Wilmington. The name of the registered agent at such address is Corporation Service Company.

THIRD. The name and mailing address of each general partner is as follows:

TFAF LLC  
848 BRICKELL AVENUE, SUITE 302  
MIAMI, FLORIDA 33131

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership of TFAF II LP as of June 28, 2011.

BY: TFAF LLC, its general partner

BY: /s/ Erik Wesoloski  
Erik Wesoloski  
Authorized Person