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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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J. SAULSBERRY EXAMINER

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COVER LETTER

70:	Registration Section Division of Corp	•			
SUBJE	CT·	TFAF II LP			
SOBJE		e of Foreign Limited Parti	nership or Limited Liability	Limited Partnership	
partners	hip to transact bus			a foreign limited partnership o	r limited liability limited
	ERIK WES	SOLOSKI			
		Contact Person			
	TFAF II	LP			
		Firm/Company			
	848 Brid	ckell Avenue,	Suite 302		
		Address			
	Miami, E	Florida 33131			
	Cit	ty, State and Zip Code			
	Erik@wes	soloskicarlson	.com		<u>~</u> .
E-mai	l address: (to be u	sed for future annual repo	rt notification)		ASS 28
For furt	her information co	oncerning this matter, plea	se call:		
	Erik Wes	soloski	at (305) 32	29-1030	
	Name of Contac	t Person		ime Telephone Number	
Enclose	d is a check for the	e following amount:			
(\$965 F	0.00 Filing Fees iling Fee and gistered Agent	\$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy	Certificate of Status	RIDA
Registra Division Clifton I 2661 Ex	T ADDRESS: tion Section n of Corporations Building tecutive Center Cissee, FL 32301	rcle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

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

1. TFAF 11 LP	
(Name of Limited Partnership or Limited Liability Lin Acceptable Limited Partnership suffixes: Limited Partnership, Lim Acceptable Limited Liability Limited Partnership suffixes: Limited	ited, L.P., L.P, or Ltd.
	limited liability limited partnership proposes to register to transact contain acceptable suffix.
2. Delaware	3. 6-28-11
State or Country of Formation	Date of Formation
4. Name of Registered Agent for Service of Process and Florida	Street Address:
Wesoloskí Carlson, P.A.	
848 Brickell Avenue, Suite 300	
Miami, Florida 33131	•
5. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent. Signature of Re	of my duties, and I am familiar with and accept the obligations of
"	ailing Address:
848 Brickell Avenue, Suite 302	SSA. 1
	Minmi Florida 22121
Miami, Florida 33131	Miami, Florida 33131 ⊕ ⇔ ⇔
9. If limited partnership is a limited liability limited partnership	p, 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	Street Address:
Miami, Fl 33131	48-49-
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 of	after the date this document is filed by the Florida Department of State.)
	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 30th day of Jun	e
Sign	nature of a general partner
·	stated herein are true and the individual is aware that false information
	itutes a third degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$52.50 \$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees: Certified Copy (optional): Certificate of Status (optional):



Delaware

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.

jeffrey W. Bullock, Secretary of State

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.

VALLAHASSHERS ATEL

5003464 8100

110770446

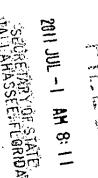
Jeffrey W. Bullock, Secretary of State

DATE: 06-28-11

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

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

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