# M10000002858

(Danuardada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



700182447757

06/24/10--01024--006 \*\*125.00

10 JUN 24 PM 12: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### COVER LETTER

SUBJECT:		TS Melbourne, LLC			
		Name of Limited Liability Company			
The enclosed "A Existence, and cl	pplication by Foreign Limited I heck are submitted to register th	inbility Company for Authorization a shove referenced foreign limited lie	to Transact Business in Florida," Certificate of ability company to transact business in Florida		
Please return all	correspondence concerning this	matter to the following:			
		Kenneth B. Abel, Esquire			
•		Name of Person			
		Ober, Kaler, Grimes & Shriver			
		Firm/Company			
<u>-</u>	120 E. Baltimore Street				
		Address			
-		Baltimore, Maryland 21202			
		City/State and Zip Code			
_	F and I day	kbabel@ober.com			
5 C 4 \ C		(to be used for future annual report	iotification)		
rof lufther intorm	ation concerning this matter, pl	ense call:			
<del></del>	Kenneth B. Abel, Esq.	at (410)	347-7394		
	Name of Person	Area Code & Daytime Teleph	one Number		
	G ADDRESS:	STREET ADDRESS:			
	of Corporations on Section	Division of Corporations Registration Section			
P.O. Box		Clifton Building			
Tailahasso	ec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
nclosed is a ch	eck for the following amo	unt:			
<u>[</u>	Filing Fee \$130.00 Filin Certificate		\$\ \_\_\\$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: TS Melbourne, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) June 17, 2010 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 The Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: TFM Management, LLC 260 East Brown Street, Suite 250 Birmingham, MI 48009 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true) Gerald C. Timmis III, Authorized Representative Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	he Limited Liability Con	npany is:		
	т	S Melbourne, LLC		
If unavailable, the	e alternate to be used in t	he state of Florida is:		
2. The name and	the Florida street address	s of the registered agent and office	e are;	
_	c	T Corporation System	TALI.	10
		(Namo)		E E
	1200	South Pine Island Road	SS	الم الم
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL 33324	FLOR	PM 12: 3
<del></del>		City/State/Zip		; 🐱 ·
liability company at agent and agree to d relating to the prope abligations of my po	t the place designated in the act in this capacity. I furt er and complete performa	to accept service of process for the his certificate, I hereby accept the her agree to comply with the province of my duties, and I am familia t as provided for in Chapter 608, F	appointment as registere isions of all statutes rr with and accept the	ed
	\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered Age	en <b>t</b>	

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE :

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "TS MELBOURNE, 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 SEVENTEENTH DAY OF JUNE, A.D. 2010.

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

4837482 8300

100665262

AUTHENT CATION: 8059481

DATE: 06-17-10

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