m 1300000 6916

(Reque	estor's Name)	
(Addre	ess)	
(Addre	:55)	
(City/S	state/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
	KOV - 1	2013
	A LUN	,

Office Use Only

500252712435

09/16/13--01057--009 **87.50

10/11/13--01026--015 **72.50

ZUTOCT 30 PH K 30

CECNETARY OF STATE
TALLAHASSEE FLOOR



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2013

JORDAN KAVANA TRANSCENDENT INVESTMENT MANAGEMENT 18305 BISCAYNE BLVD., SUITE 402 AVENTURA, FL 33160

SUBJECT: TIF-SOFL II R, LLC Ref. Number: W13000052508

ONE DELVED

We have received your document for TIF-SOFL II R, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The balance of \$72.50 will be due to file the foreign LLC.

If you have any questions concerning the filing of your document, please cal (850) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 613A00022246

www.sunbiz.org

DO DOW cook mill to the cook

CDOCOOT	(0/1	A.
CR2E027	(7/1	U

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: TIF-SOFL II R, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jordan Kavana
Name of Person
TIF-SOFL II R, LLC
Firm/Company
18305 Biscayne Blvd., Suite 402
Address
Aventura, FL 33160
City/State and Zip Code
Lisa@timgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

.]	ဂြ	rd	а	n	K	a١	va	n	а
•	_	•	_			_	* •		_

,786 \ 406-731

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$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, FLORIL	DA STATUTES, THI	E FOLLOWING IS	S SUBMITTED TO	REGISTER A	FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSII	VESS IN THE STATE	E OF FLORIDA:			

1. TIF-SOFL II R, LLC (Name of Foreign Limited Liability Company; must include		
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the writtenate name. The alternate name must include "Limited Liability	1
	45-3218186	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
_{4.} 09/09/2012 _{5.}	Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. N/A	1A. 28	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	-
7. 18305 Biscayne Blvd, Suite 402	to determine penalty liability)	()
Aventura, FL 33160		7
•	of Principal Office)	
8. If limited liability company is a manager-managed of	_ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
9. The name and usual business addresses of the mana	iging members or managers are as follows:	
Jordan Kavana		
18305 Biscayne Blvd., Suite 40	02	
Aventura, FL 33160		
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be subr		in
11. Nature of business or purposes to be conducted or	promoted in Florida:	
Real Estate Investment //		
	·	
Signature of a member or an aut	horized representative of a member.	
(In accordance with section 608.498(3), F.S., the execu	ation of this document constitutes an affirmation under the	
	e. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)	

Typed or printed name of signee

Jordan Kavana

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.

······
2013 00T 30
36 F
3

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacitty. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware.

DACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TIF-SOFL II R, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIF-SOFL II"

R, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2011.

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

5035933 8300

131085850

Jeffrey W Bullock, Secretary of St AUTHENTY CATION: 0733852

DATE: 09-13-13

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