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(Requestor's Name)	
(Address)	
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(City (Chaha (7 in (City on a 46)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE
AND ANALYSIS FLORID.

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CR2E027 (9/10)

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

TIF-ORL-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

Transcendent Investment Management

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:

Jordan Kavana

786 406-7312

Name of Person

Area Code & Daytime Telephone Numbe

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, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

<i>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE</i> 1 TIF-ORL-R, LLC	E STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	
2. Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} 10/27/2011 5	, Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	
_{7.} 18305 Biscayne Blvd., Suite 402	20 20 20 A 55 20 A 55 A 55 A 55 A 55 A 5
Aventura FL 33160	
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	
Jordan Kavana	
18305 Biscayne Blvd., Suite 402	
Aventura, FL 33160	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub	
11. Nature of business or purposes to 1/2 conducted or	r promoted in Florida:
Real Estate Investment //	
	·
Signature of a member or an au	thorized representative of a member.
- I	eution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are tru	ie. I am aware that any false information submitted in a

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.

1.	The name	of the	Limited	Liability	Company	is:
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TIF-ORL-R, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporate Creations Network Inc.

(Name)

11380 Prosperity Farms Road #221E

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Palm Beach Gardens

33410

City/State/Zip

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 capacity. 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.

(G.m.,

\$ 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-ORL-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 THIRTIETH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIF-ORL-R, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2011.

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

5057611 8300

140765038

AUTHENTY CATION: 1412117

DATE: 05-30-14

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