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TALLAHASSEE, FLORIGA

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COVER LETTER

Div	vision of Corporatio	ons .			•	. 3	
SUBJEČT:	TVC Margate Co	L.L.C.					
	Name of Limited Liability Company						
					ansact Business in Florida," Coy y company to transact busines		
lease retur	n all correspondence	concerning this matter to the	e following:				
	Susan Goldma	an					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	lame of Person				
	The Velmeir (Companies					
	Firm/Company						
	5757 West Ma	aple Road, Suite 800					
	 		Address				
	West Bloomfi	eld, MI 48322					
		City/S	State and Zip Code				
	sgoldman@veli	meir.com					
		E-mail address: (to be use	d for future annual	report no	tification)		
or further i	information concerni	ng this matter, please call:					
Susan Goldman			248 at (539-79	97		
<u></u>	Name	of Contact Person	Area Code	Day	rtime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section			Division	FADDRESS: of Corporations ion Section			
P.C	D. Box 6327 llahassee, FL 32314			Clifton B 2661 Exe			
	a check for the follow		Part 10.00 and 10.000				
LJ:	\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ticate	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2015

SUSAN GOLDMAN 5757 WEST MAPLE ROAD STE 800 WEST BLOOMFIELD, MI 48322

SUBJECT: TVC MARGATE CO., L.L.C.

Ref. Number: W15000037274

We have received your document for TVC MARGATE CO., L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 315A00011077

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

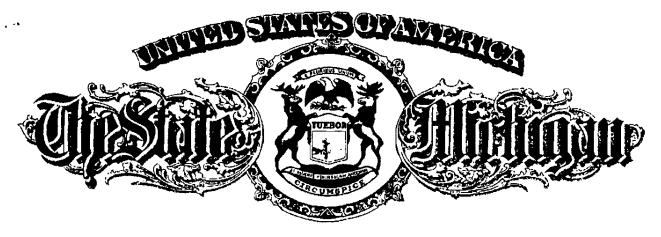
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

TVC Margate Co., L.L.	ISINESS IN THE STATE OF FLORIDA: .C.		
-	ign Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," o	r "LLC.")
f name unavailable, enter al	ternate name adopted for the purpose of transacting	ng business in Florida. The alternate na	me must include "Limited
iability Company," "L.L.C." Michigan	or "LLC.")		
Michigan (Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	;)
5/13/15			
-	(Date first transacted business in Florida. (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	_
	· · · · · · · · · · · · · · · · · · ·	, 1444 - 14 - 14 - 14 - 14 - 14 - 14 - 1	_
5757 West Maple Road	i, Suite 800 West Bloomfield, MI 48322		As =
	(Street Address of Principal Offi	ce)	
·			ANA JUN 1
			23
**************************************	(Mailing Address)	······································	123 PH 4: 48 TARY OF STATE ASSEE, FLORIB
. Name and street address	s of Florida registered agent: (P.O. Box NO	<u>)T</u> acceptable)	FOR E
Name:	William A. White		175 180 180 180 180 180 180 180 180 180 180
Office Address:	174 W. Comstock Avenue, Suite 100		· ·
	Winter Park	, Florida 32789	
legistered agent's accept	(City)	(Zip code)	
his application, I hereby a	- High	and agree to act in this capacity. In this capacity. In the serior mance of my duties, and I am	further agree to comply
	(Registered agent's s	ignature)	
B. The name, title or capa	city and address of the person(s) who has/hav	ve authority to manage is/are:	
steven Silk, Manager			
			
Attached is a postificate			
i. Attached is a certificate of a certificate of a certificate of the translator must be su	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in bmitted)	authenticated by the official having n a foreign language, a translation o	custody of records in the of the certificate under oath
	Signature of an authoria	zed person	_
n nogordanas with	₽ V		under manuality of the state of
n accordance with section are to facts stated herein are to	n 605.0203, F.S., the execution of this docum rue. I am aware that any false information suf	ent constitutes an attirmation under binitled in a document to the Depar	rane penaities of perjury the timent of State constitutes a

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Steven Silk



Department of Licensing and Regulatory Affairs

Lansing, Milichigan

This is to Certify That

TVC MARGATE CO., L.L.C.

was validly organized on May 13, 2015 as a Limited Liability Company. Said Limited

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1313973

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of June, 2015

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau