

M15000006675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

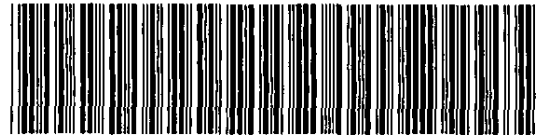
(Business Entity Name)

(Document Number)

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J SHIVERS

# SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724

COVER LETTER  
DATE: 8-24-15  
WALK IN

ENTITY  
NAME: Barlington TL Venture 1, LLC

PLEASE FILE THE ATTACHED AND RETURN:

☒ PLAIN COPY  
☐ CERTIFIED COPY

CHECK # 1888  
AMOUNT: 125<sup>00</sup>

PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER  
INFORMATION ON THIS MATTER!

THANK YOU SO MUCH!

TINA GOFF, PRESIDENT  
SUNSHINE CORPORATE & FILING SERVICES, INC.

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  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Burlington TL Venture I, 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. The alternate name must include "Limited  
Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 47-1289069  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1637 Calle Ocho, Miami, FL 33135  
(Street Address of Principal Office)

6. 1637 Calle Ocho, Miami, FL 33135  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in  
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept  
the obligations of my position as registered agent.

By: Eileen Chaddock NRAI Services, Inc.  
(Registered agent's signature)  
**Eileen Chaddock, Special Asst. Secretary**

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

William Fuller, 1637 Calle Ocho, Miami, FL 33135, Manager  
Martin Pinilla, 1637 Calle Ocho, Miami, FL 33135, Manager

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information  
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

William O. Fuller  
Typed or printed name of signer

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARLINGTON TL VENTURE I, 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 FOURTEENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BARLINGTON TL VENTURE I, LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2014.

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

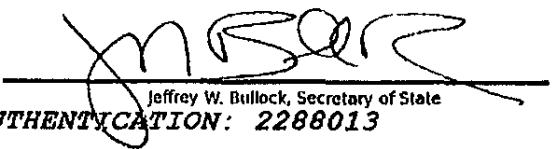
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5562689 8300

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2288013

DATE: 04-14-15