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COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ońs '					
SUBJECT:	Trans Am SFE II, I	LLC					
	Name of Limited Liability Company						
The enclosed Existence, ar	d "Application by Fond check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," by company to transact busine	Certificate of ess in Florida	
Please return	all correspondence	concerning this matter to the	following:				
	Leigh Taylor						
	Name of Person						
	Amherst						
	Firm/Company						
	5001 Plaza on the Lake 200						
	Address						
	Austin, TX 78746						
		City/S	State and Zip Code				
	ltaylor@amhers	t.com					
	 	E-mail address: (to be use	d for future annual	report no	tification)		
For further ir	nformation concernir	ng this matter, please call:					
Lei	gh Taylor		512 at (342-30)48		
	Name	of Contact Person	Area Code	Day	ytime Telephone Number		
Div Reg P.O	ILING ADDRESS: ision of Corporation: istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton E 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fec &	☐ \$160.00 Filing Fee, Cel of Status & Certified Cop		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Trans Am SFE II, 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 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 08/16/2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5001 Plaza on the Lake, Suite 200 Austin, TX 78746 (Street Address of Principal Office) 5001 Plaza on the Lake, Suite 200 Austin, TX 78746 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 155 Office Plaza Drive, Ste A Office Address: Tallahassee (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MSR II, L.P. - MGRM 5001 Plaza on the Lake, Suite 200 Austin, TX 78746 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)

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.

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "TRANS AM SFE II, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2016.

16 SEP 20 AM II: 24

NEGRICIANT OF STATE
TALLARIASSEE FLORINA

STATE OF THE PARTY OF THE PARTY

Authentication: 202920949

Date: 08-31-16

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