11700000895

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Duninger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·
/

Office Use Only



300294951473

17 FEB -1 AH 8: 23

300294951473 02/01/17--01003--011 **125.00



O SIMMONS FEB 0 2 2017

CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN
	PICK UP: 2-1-17
	CERTIFIED COPY
3	РНОТОСОРУ
	CUS
X	FILING LLC
l . _	TEMACAP GP V LLC (CORPORATE NAME AND DOCUMENT #)
	(COM ONATE NAME AND DOCUMENT ")
	(CORPORATE NAME AND DOCUMENT #)
3	ACCOUNTS AND COCKINED TO THE
	(CORPORATE NAME AND DOCUMENT #)
. _	(CORPORATE NAME AND DOCUMENT #)
5	
	(CORPORATE NAME AND DOCUMENT #)
5	(CORPORATE NAME AND DOCUMENT#)
SPECIAL INSTRUC	_ CTIONS:
10 , 100	

COVER LETTER

TO:		stration Section ion of Corporatio	ns					
SUBJE		TERRACAP GP IV	LLC					
		<u> </u>	Name o	f Lim	ited Liability (Company		
The encl Existence	losed ' e, and	"Application by Fo	reign Limited Liability Con ed to register the above refe	npany	for Authoriza d foreign limit	tion to Tra ted liability	ansact Business in Florida," Ce y company to transact business	rtificate of in Florida
Please n	eturn a	all correspondence	concerning this matter to th	e foli	owing:			
		Bradford D W	est					
			1	Name	of Person	<u> </u>		
		West PLC						
	Firm/Company 174 W Comstock Ave, Suite 105 Address							
		Winter Park, FL 32789						
	City/State and Zip Code							
		Brad.West@Con	pFinLawFirm.com					
			E-mail address: (to be us	ed fo	r future annual	report not	ification)	
For furth	er inf	ormation concerning	g this matter, please call:					
	Brad	ford D West		g	407	579545	9	
		Name (of Contact Person	"	Area Code	Day	time Telephone Number	
	Divis Regis P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314				Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding coutive Center Circle iee, FL 32301	
Enclose		check for the follow 25.00 Filing Fee	ring amount: \$\sum_\$130.00 Filing Fee & Certificate of Status		l \$155.00 Filin ertified Copy	g Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	īcate

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 RUSTINGSS. IN THE STATE OF FLORIDA.

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.") Delaware 3 81-3625968 (FEI number, if applicable) Company is organized) In/a (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0903, F.S. to determine penalty liability) BONITA SPRINGS, FL 34134 (Sweet Address of Principal Office) BONITA SPRINGS, FL 34134 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: KEVIN A. DENTI, P.A. Office Address: (City) (City)	(Name of Lose	gn Empere Elacting Company, must an	clude "Limited Liability Company," "L.L.C.," or	
Delaware (Iurisdiction under the law of which foreign limited liability (FEI number, if applicable) (CEI number, if applicable) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (See sections 605.0904 & 605.0905, F.S. to determine pensity liability) (Mailing Address) (Mailing Address) (Name: KEVIN A. DENTI, P.A. (Mailing Address) (City)			transacting business in Florida. The alternate nam	ne must include "Limited
(Units direct and the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (BONITA SPRINGS, FL 34134 (Mailing Address) (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 pile seignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wite comply the obligations of my position as registered agent. (Registered agent's signature)		 - ,	₃ 81-3625968	
(City) Registered agent's acceptance: Avaluation American American American American American	(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable))
(Date first transacted business in Florida, if prior to registration.) (Bontta Springs, FL 34134 (Street Address of Principal Office) BONTTA SPRINGS, FL 34134 (Mailing Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: KEVIN A. DENTI, P.A. Office Address: (City) (City) (City) (City) (City code) 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 ple lesignated in his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complying the positions of my position as registered agent's signiture) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: WALTER S HAGENBUCKLE - MANAGER Or Attached is a certificate of existence, no more than 90 days pld, duly purthenticated by the official having custody of records in the translator must be submitted) Signature of an authorized person	7/2			
BONITA SPRINGS, FL 34134 (Street Address of Principal Office) 23421 WALDEN CENTER DR SUITE 300 BONITA SPRINGS, FL 34134 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: KEVIN A. DENTI, P.A. Office Address: (City) (City) (City code) Registered agent's acceptance: Invited in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my dutties, and I am familiar with a complywith the provisions of my position as registered agent's signature) Registered by the official having custody of records in the translator must be submitted) Signature of an authorized person Signature of an authorized person		(Date first transacted business in	Florida, if prior to registration.)	
BONITA SPRINGS, FL 34134 (Street Address of Principal Office) 23421 WALDEN CENTER DR SUITE 300 BONITA SPRINGS, FL 34134 (Mailing Address) (Mailing Address) (Mailing Address) Name: KEVIN A. DENTI, P.A. Office Address: (City) (City) (City) Registered agent's acceptance: Idaving been named as registered agent and to accept service of process for the above stated limited liability company at the picesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further as a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complying the accept the obligations of my position as registered agent. (Registered agent's signature) Resistered agent's signature) (Registered agent's signature) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unstitution under the law of which it is organized. (If the certificate is an a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person	23421 WALDEN CEN	•	5, F.S. to determine penalty liability)	
BONTTA SPRINGS, FL 34134 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: KEVIN A. DENTI, P.A. Office Address: 2180 IMMOKALEE RD - STE 316 NAPLES , Florida 34110 (City) (City) (Zip code) Registered agent's acceptance: Idealing been named as registered agent and to accept service of process for the above stated limited liability company at the pleasignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a comply the obligations of my position as registered agent. (Registered agent's signature) Registered agent's signature) 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: WALTER S HAGENBUCKLE - MANAGER Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the translator must be submitted) Signature of an authorized person		L 34134		- 14
Mailing Address Mailing Add			cipal Office)	- 1 T
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: KEVIN A. DENTI, P.A. Office Address: Name	23421 WALDEN CEN	TER DR SUITE 300		_
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: KEVIN A. DENTI, P.A. Office Address: Name	BONITA SPRINGS, FI	L 34134		* * <u>-</u> -
Name: Office Address: Office Address: NAPLES (City) (City) Registered agent's acceptance: Invited been named as registered agent and to accept service of process for the above stated limited liability company at the places are complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the provisions of my position as registered agent. (Registered agent's signature) Registered agent's signature (Registered agent's signature) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the translator must be submitted) Signature of an authorized person	201111111111111111111111111111111111111		ress)	· · · · · · · · · · · · · · · · · · ·
Name: Office Address: City City Florida 34110 (Zip code)	Name and street address	s of Florida registered agent: (P.O. I	NOT acceptable)	
Office Address: 2180 IMMOKALEE RD - STE 316			ook <u>1101</u> attopuate)	2
NAPLES (City) (Registered agent and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in this capacity. I further a gradient and agree to act in	Name:			့် ယ
(City) (Zip code) Registered agent's acceptance: Raving been named as registered agent and to accept service of process for the above stated limited liability company at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the provisions of my position as registered agent. (Registered agent's signature) 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: WALTER S HAGENBUCKLE - MANAGER Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the certificate is an a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person	Office Address:	2180 IMMORALEE RD - STE 310	- ···· ·· <u></u> -	
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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: WALTER S HAGENBUCKLE - MANAGER 4. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the certificate is an a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person		NAPLES	, Florida 34110	
Naving been named as registered agent and to accept service of process for the above stated limited liability company at the place is ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the provisions of my position as registered agent. (Registered agent's signature) 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: WALTER S HAGENBUCKLE - MANAGER Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the capacity and address of the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person			(Zip code)	
WALTER S HAGENBUCKLE - MANAGER 2. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the certificate in the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person	lesignated in this applicat o complywith the provision	tion, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent.	nt as registered agent and agree to act in the per and complete performance of my duties	is capacity. I further a
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person	•		o has/have authority to manage is/are:	
urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person	WALTER S HAGENBUC	KLE - MANAGER		
urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person				
urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted) Signature of an authorized person				
	urisdiction under the law o	of which it is organized. (If the certif	old, duly authenticated by the official having icate is in a foreign language, a translation of	custody of records in the fithe certificate under o
This document is executed in accordance with section 605 0203 (1) (h). Florida Statutes, Lam aware that any false information		Signature of a	n authorized person	-
THE ENVIRONMENT OF PERCHAPITED WITTERSHIP ENGINEED IN THE TAXABLE PROPERTY AND NAMED HIM HIM INC. TO DESIGN OF				

Typed or printed name of signee

WALTER S HAGENBUCKLE

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TERRACAP GP IV 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 FIRST DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TERRACAP GP IV LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2016.

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

Authentication: 201967927

Date: 02-01-17