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(((H17000076691 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

: (800)345-4647

Phone Fax Number

: (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## Foreign Limited Liability Company T MEADOW PAD FL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

COVER LETTER					
TO:	Registration Section Division of Corporations				
SUBJI	CT: T Meadow Pad FL, LLC	• •			
	Name	of Limited Liability Company			
Existen	oce, and check are submitted to register the above re	ferenced foreign limited liability company to	s in Florida," Certificate o ransact business in Florida		
Please	return all correspondence concerning this matter to	the following:			
		1			
		Name of Person			
	Capitol Sarvio	es - Cornorate Ellings Team			
	Gapitor Gervio		<del></del> -		
	206	Name of Limited Liability Company mitted Liability Company for Authorization to Transact Business in Florida," Cartificate o sister the above referenced foreign limited liability company to transact business in Florida ing this matter to the following:  Name of Person  Apitol Services - Corporate Fillings Team Firm/Company  206 E 9th St, Ste 1300 Address  Austin TX 78701  City/State and Zip Code  If address: (to be used for future annual report notification)  atter, please call:  800-662-0171  at (Area Code Daytims Telephone Number  STRET ADDRESS: Division of Corporations Registration Section Cititus Building 2661 Executive Center Circle Tallabassec, FL 32301  State: 10.00 Filling Fee & \$			
	:				
			<del></del>		
	G	y/state and zip Code			
	Remail address: (to be	used for fithing arminal report notification)	<del></del>		
For fur	ther information concerning this matter, please call:	•			
			,		
	TERESA SHARPLEY	at (	<del></del> _		
	Name of Contact Person	Area Code Daytime Telephor	e Number		
	MAILING ADDRESS:	STREET ADDRESS:	•		
,			8		
	Registration Section P.O. Box 6327				
	Tallahassee, FL 32314	2661 Executive Center	Cirole		
Enclose	rd is a check for the following amount:  \$\begin{align*} \begin{align*} \text{S125.00 Filing Fee} & \text{S130.00 Filing Fee} & \text{Cartificate of Status} \end{align*}				
	Calument of Status	CI Status &	ошания сору		

## H17000076691 3

application by foreign limited liability company for authorization to transact i	Jusiness
IN FLORIDA	
NOTA DE LA COUNTE CONTROL EAS MAN "EL COUNT (COUNT MOS TICK) DON LOUREN ES COUNT MOTERN IN DECLESTED A DONARION ER A	TIARUT

I. T Meadow Pad I	FL, LLC sign Limited Lishility Company; must include	"I imited Liebility Company" "I.J. C. " or "	2003	<del></del>	
(If name unavailable, enter of Liability Company," "L.L.C,	iternate name adopted for the purpose of trans "or "LLC.")	noting business in Planta. The discrete name	must include	"Limited	
<sub>2</sub> _Texas	3,				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FRI number, if applicable)		-	
4	(Date first transacted business in Plos (See sections 605,0904 & 605,0905, P.S.	ids, if prior to registration.)			
- 16600 Dallos Da		s, to determine penalty intollity)	•		
<sub>5</sub> , <u>16600 Dallas Pa</u>	sirway Sule 300				•
Dallas, Texas 7	5248	- · · · · · · · · · · · · · · · · · · ·			
6. Same	(Street Address of Principal	Oillot)		7	
6. <u>Camo</u>		. <del></del>		MAR	: : نو
				$\sim$	-3.7
	(Mailing Address)	•		****	92
<ol> <li>Namo and street address</li> </ol>	g of Piorida registered agent: (P.O. Box	NOT acceptable)		<b>**</b>	339
Name;	Capitol Corporate Services,	inc.		တ္	7.1
Office Address;	155 Office Plaza Dr Ste A			تفني	
• •	Tallahassee	, Florida 32301	•		•.
Registered agent's accep	(City)	(Zip code)			
designated in this applica- to complywith the provision accept the obligations of the B. The name, title or caps	glatered agent and to accept service of priton, I hereby accept the appointment as one of all statutes relative to the proper any position as registered agent.  (Rogistand agent (Rogistand agen	registered agent and agree to act in this nd complete performance of my duties, Teresa Sharpley, Asst. of Capitol Corporate t's stimulum  Thave southority to manage la/arc:	capacity. I j and I am fan Secretary	urther a utlar wii on bel	gree iis and
				1	
9. Attached is a certificate urladiction under the law of the translator must be su	of existence, no more than 90 days old, do of which it is organized. (If the certificate beauticd)  Signature of an outi	uly authenticated by the official having or is in a foreign language, a translation of JAWW	ustody of receipt cate	erda in th under on	a Marin
Phile desurant to sus		•••	Orlanda Marketania	I	
nes accument is executed in a document to	in accordance with section 605,0203 (1) ( the Department of State constitutes a thir	p), Plonda Statutes. I am aware that any i d degree felony as provided for in 4,817.1	ibise informat 55, P.S.	lon	
. ,	Kevin M	160			

Typed or printed name of signee

(04/04) 03/21/2017 08:44:31 AM H17000076691 3

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

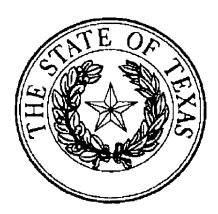
# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for T Meadow Pad FL, LLC (file number 802675252), a Domestic Limited Liability Company (LLC), was filed in this office on March 16, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 20, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB

1220

Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 722761590003