Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

: (800)345-4647

: (800)432-3622 Fax Number

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

Mail Address:

Foreign Limited Liability Company **VELOCIS CLEARWATER SPE, LLC**

Certificate of Status	្តដ	1
Certified Copy		1
Page Count		03
Estimated Charge		\$160.00

***If possible, our client has a closing and needs as soon as possible. I've explained the turnaround time is 24-48hrs, but any assistance would be greatly appreciated. Thanks so much!!

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY JUL - 7 2017

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Velocis Clearlake SPE, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company (If name unevaliable, eater attenues same adopted for the purpose of transacting business in Florida. The alternate name meet include "Limited Liability Company," "L.L.C." or "LLC.") 2. Delaware 5. 3131 McKinney Avenue, Suite 10 3131 McKinney Avenue, Suite 10 (Sweet Address of Principal Office) (Mailing Address Dallas, Texas 75204 Dallas, Texas 75204 7. Name and atrect address of Florida registered agent: (P.O. Box NOT acceptable) Vcorp Services, LLC Name: Office Address: 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 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 fastilon as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Velocis CREC Clearlake, LP Manager 1 McKinney Ava. Ste 10 (Use attachments if necessary) 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) 10. 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. W. Frederick Hamm, Manager of the Ultimate General Partner

Typed or poissed name of signer

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VELOCIS CLEARLAKE SPE, 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 SIXTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VELOCIS

CLEARLAKE SPE, LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2017.

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

2011 JUL-6 AM ID: 33
SECRETARY OF STATE
SECRETARY OF STATE

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SR# 20175098060

You may verify this certificate online at corp.delaware.gov/authver.shtml

And the same of th

Authentication: 202832589

Date: 07-06-17