

Division of Corporations

**MN000009287**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

\*\*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  
TAH 2017-2 BORROWER LLC

Certificate of Status	0
Certified Copy	0
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NOV 02 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations  
TAH 2017-2 BORROWER LLC

SUBJECT: \_\_\_\_\_ Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STEVE GEANGU

\_\_\_\_\_  
Name of Person

GOULSTON & STORRS PC

\_\_\_\_\_  
Firm/Company

400 ATLANTIC AVENUE

\_\_\_\_\_  
Address

BOSTON, MASSACHUSETTS 02110

\_\_\_\_\_  
City/State and Zip Code

[mmarkus@ericoncapital.com](mailto:mmarkus@ericoncapital.com)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_  
Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. TAH 2017-2 BORROWER LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

**2. DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(EIN number, if applicable)

**4. UPON FILING**

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

**5. 1508 Brookhollow Drive**

(Street Address of Principal Office)

SANTA ANA, CA 92705

**6. 1508 Brookhollow Drive**

(Mailing Address)

SANTA ANA, CA 92705

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip 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 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: C T Corporation System

(Registered agent's signature)

*Keisha Venz - VP*

**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:**

**Title or Capacity:**

**Name and Address:**

**SOLE MEMBER (D)**

TAH 2017-2 Equity Owner

L.L.C.

1508 Brookhollow Drive  
SANTA ANA, CA 92705

(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 605.0903 (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.

*S*  
Signature of an authorized person

L.L.C.

DAVID VENEZIANO - VICE PRESIDENT of TAH 2017-2 Equity Owner

(Typed or printed name of signed)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAH 2017-2 BORROWER 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 NOVEMBER, A.D. 2017.

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

6582547 8300

SR# 20176883725

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



A handwritten signature of Jeffrey W. Bullock in black ink.

Jeffrey W. Bullock, Secretary of State

Authentication: 203496694

Date: 11-01-17