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B FIGUEROA MAR 2 8 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 134816 7288091

AUTHORIZATION : Ogrelle

COST LIMIT : \$\footnote{125}\cdot 00

ORDER DATE: March 27, 2018

ORDER TIME : 2:45 PM

ORDER NO. : 134816-005

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: TGA 3851 GRANDPINE WAY LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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:

_I TGA 3851 GRANDPI	NE WAY LLC		
(Name of Foreign	Limited Liability Company, must include "Limi	ted Liability Company, ""L.L.C.," or "	LLC.")
If name unavailable, color alternato r	name adopted for the purpose of transacting business in F	lorids. The alternate name must include "I in	ind tables compared to the m
2. DELAWARE		3. 82-4830474	
(Jurisdiction under the law of w	shich foreign limited liability company is organized)		El number, if applicable)
k.			
*	(Date first transacted business in Florida, if prior to (See acctions 605,0904 & 605,0905; F.S. to determ	o registration.	
730 THIRD AVENUE		6. 730 THIRD AVENU	r.
(Street Address of Principal Office) NEW YORK, NEW YORK 10017		NEW YORK, NEW YORK 10017	
Name:	Corporation Service Company		
Office Address:	1201 Hays-Street		
	Tallahassee	, Florida _32301	
egistered agent's accept	(City)	, 1 101102	/ip code)
	o oj moj postaton as registerea agent. 📝	and complete perjormance of	ntied liability company at the places act in this capacity. I further aging the familiar with Roxanne Turner
actop, inc oongumins	Corporation Service Company By: (Registered agent's	JUNU signature)	my duties, and I am familiar with Roxanne Turner Asst. Vice President
. The name, title or capa	Corporation Service Company By:	JUNU signature)	my duties, and I am familiar with Roxanne Turner Asst. Vice President
. The name, title or capa	Corporation Service Company By: (Registered agent's city and address of the person(s) who have and Address: Jillian Joseph	signature) ass/have authority to manage is/a	my duties, and I am familiar with Roxanne Turner Asst. Vice President are: Name and Address:
. The name, title or capa	Corporation Service Company By: (Registered agent's acity and address of the person(s) who have	signature) as/have authority to manage is/a Title or Capacity:	my duties, and I am familiar with Roxanne Turner Asst. Vice President are: Name and Address: Carlos Burneco
. The name, title or capa	Corporation Service Company By: (Registered agent's city and address of the person(s) who have and Address: Jillian Joseph 730 Third Avenue	as/have authority to manage is/a Title or Capacity: Authorized Signer	My duties, and I am familiar with Roxanne Turner Asst. Vice President Asst. Vice President Asst. Vice President Are: Name and Address: Carlos Burneo 501 Brickell Key Dr. Ste 5 Miami; Florida 33131
The name, title or capa Title or Capacity: Assistant Secretary	Corporation Service Company By: (Registered agent service Company Registered agent service) (Registered agent se	signature) as/have authority to manage is/a Title or Capacity:	My duties, and I am familiar with Roxanne Turner Asst. Vice President Asst. Vice President Name and Address: Carlos Burneo 501 Brickell Key Dr. Ste 5 Miami; Florida 33131 Alphie Richard 1 Financial Plaza, Ste 1956
The name, title or capa Title or Capacity: Assistant Secretary Assistant Secretary	Corporation Service Company By: (Registered agent service Company Registered agent service) (Registered agent se	as/have authority to manage is/a Title or Capacity: Authorized Signer	my duties, and I am familiar with Roxanne Turner Asst. Vice President are: Name and Address: Carlos Burneo 501 Brickell Key Dr. Ste 5 Miami; Florida 33131 Alphie Richard
3. The name, title or capa Title or Capacity: Assistant Secretary Assistant Secretary	Corporation Service Company By: (Registered agent service Company Registered agent service) (Registered agent se	as/have authority to manage is/a Title or Capacity: Authorized Signer Authorized Signer	My duties, and I am familiar with Roxanne Turner Asst. Vice President Asst. Vice President Asst. Vice President Carlos Burneo 501 Brickell Key Dr. Ste 5 Miami; Florida 33131 Alphie Richard 1 Financial Plaza, Ste 1956 Hartford, CT 06103
Assistant Secretary Assistant Secretary Assistant Secretary Assistant Secretary Assistant Secretary The attachments if necess Attached is a certificate or risdiction under the law of the translator must be sufficient of the second of t	Corporation Service Company By: (Registered agent: (Registered a	as/have authority to manage is/a Title or Capacity: Authorized Signer Authorized Signer duly authenticated by the official is in a foreign language, a transport of the control of the	My duties, and I am familiar with Roxanne Turner Asst. Vice President Asst. Vice President Name and Address: Carlos Burneo 501 Brickell Key Dr. Ste 50 Miami, Florida 33131 Alphie Richard 1 Financial Plaza, Ste 1950 Hartford, CT 06103 al having custody of recommendation of the certificate under of the state of
Assistant Secretary Assistant Secretary Assistant Secretary Assistant Secretary Assistant Secretary Assistant Secretary The attachments if necess Attached is a certificate or risdiction under the law of the translator must be sufficient of the second of the seco	Corporation Service Company By: (Registered agent: (Registered a	as/have authority to manage is/a Title or Capacity: Authorized Signer Authorized Signer duly authenticated by the official e is in a foreign language, a transit (1) (b), Florida Statutes. I am a red degree felony as provided for	My duties, and I am familiar with Roxanne Turner Asst. Vice President Asst. Vice President The interior of the certificate information of the certificate



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

DELAWARE, DO HEREBY CERTIFY "TGA 3851 GRANDPINE WAY 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGA 3851

GRANDPINE WAY LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D.

2018.

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

Authentication: 202400581

Date: 03-27-18

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