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Florida Department of State

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Account Number : 1200800000045 : (302)645-7400 Fax Number

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

Email Address: mkelly@traleecapital.com

Foreign Limited Liability Company Tralee Affordable Housing Rays L, LLC

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Corporate Filing Menu

15.1

Help

4/20/2018

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 TAMINED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Tralee Affordable Flou	sing Rays L. LLC		
(Name of Foreign	Limited Liability Company, must include "Limited	14 sability Company," "I, I, C ," or "LI C,")
fft name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida. The alternate name most include. Limited Lia	ability Company, ""L.t. C," or "LLC")
> Delaware		3.	
-	hich foreign himted authory company is organized)	S. (FE) supri	her, if applicable)
J		,	
4.	(Date first transacted business in Florida, if prior to re (See sections 605 0004 & 605 0005, F.S. in determa-	egistration)	
	face sections on a troop of the angle and a first and a first and a factoring	•	
5. (Street Address of)	Principal Officer	6	lress)
7400 E Orchard Rd - Suite 250		7400 E Orchard Rd – Suite 250	
Greenwood Village, CO 80111		Greenwood Village, CO 80111	
7. Name and street address Name:	ss of Florida registered agent: (P.O. Box Michel Kelly	NOT acceptable)	
Office Address:	c/o Ocean Pointe Apts, 300 SE St. Luci	ie Blvd	
	Stuart	, Florida 34996	= 71
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or capa	rgistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. Regulated spending and address of the person(s) who have	registered agent and agree to act and complete performance of my	in this capacity. I further agree
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MMBR	Michael Kelly	· · · · · · · · · · · · · · · · · · ·	
	7400 E Orchard Rd – Suite 250 Greenwood Village, CO 80111		
	Greenwood vinage. CO 30711	a	
		-	
		-	
(Use attachments if neces	sary)		
	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)		
	uted in accordance with section 605,0203 of the Department of State constitutes a thing of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the Department of State constitutes as the section of State const		
	1 / 2000 -	of an authorized person	
	J C Signature i	or antitozer jis ini	
	Michael Kelly		
	Typed or	printed name of vignee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRALEE AFFORDABLE HOUSING RAYS L, 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 TWENTIETH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRALEE

AFFORDABLE HOUSING RAYS L, LLC" WAS FORMED ON THE THIRTEENTH DAY OF

APRIL, A.D. 2018.

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

d:

ö.

6843520 8300

SR# 20182877158

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

Authentication: 202550443

Date: 04-20-18