-	(Requestor's Name)
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_	(City/State/Zip/Phone #)
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COVER LETTER

то:	Registration Section Division of Corporations	•
CURII	TSL Watercrest WP OpCo, LLC	
.70 1901	Name of Limited Liability C	Company
	enclosed "Application by Foreign Limited Liability Company for Authorizationce, and check are submitted to register the above referenced foreign limit	
Please	se return all correspondence concerning this matter to the following:	
	Christopher Pacheco	
	Name of Person	
	Titan Development	
	Firm/Company	
	6300 Riverside Plaza Lane NW, Suite 200	
-	Address	
	Albuquerque, NM 87120	
	City/State and Zip Code	
	cpacheco@titan-development.com	
	E-mail address: (to be used for future annual	report notification)
For fur	further information concerning this matter, please call:	
	Christopher Pacheco 505	998-0163
		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
Enclos	osed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filin Certificate of Status □ \$155.00 Filin Certified Copy	g Fee & S160.00 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 (DOL. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting busing			ility Company," "L.L.C." or "ELC.")
Delaware (Juristiction under the law of w	luch foreign limited hability company is organiz	J. <u></u> -	591634 (FEI number	er, if applicable)
	(Date first transacted besiness in Florida,	if prior to registration)		
6300 Biverside Dies	See sections 605 0904 & 605 0905, F.S.	, ,	Diseaside Diese Lee	NW C.St- 200
6300 Riverside Plaza		6. <u>6300</u>	Riverside Plaza Lar	ne NVV, Suite 200
Albuquerque, NM 87	120	Albuq	uerque, NM 87120	ين ي
				Z
				- Ci
. Name and street address	ss of Florida registered agent: (P.	O. Box NOT accepta	ble)	
Name:	Joan T. Williams			ne NW, Suite 200
	445 24th Street, Suite 300			
Office Address:	-			
	Vero Beach		, Florida 32960	
egistered agent's accep	(City)		(Zip ande	:)
	ions of all statutes relative to the s of my position as registered ag	ent.	performance of my a	in this capacity. I further luties, and I am familiar v
nd accept the obligation. The name, title or capa	(Reguen	ent	ty to manage is/are:	luties, and I am familiar v
nd accept the obligation.	s of my position as recipiared ag	ent		
nd accept the obligation. The name, title or capa	(Reguen acity and address of the person(s) Name and Address:	ent. ed agent's signature) who has/have authori Title or to	ty to manage is/are:	luties, and I am familiar v
The name, title or capa	(Reguen acity and address of the person(s) Name and Address:	ent. ed agent's signature) who has/have authori Title or to	ty to manage is/are:	luties, and I am familiar v
The name, title or capa	(Register acity and address of the person(s) Name and Address: TSL Watercrest WP Pressure 1000 Riverside Plaza Lane MW	ent. ed agent's signature) who has/have authori Title or to	ty to manage is/are:	luties, and I am familiar v
The name, title or capa	(Register acity and address of the person(s) Name and Address: TSL Watercrest WP Pressure 1000 Riverside Plaza Lane MW	ent. ed agent's signature) who has/have authori Title or to	ty to manage is/are:	luties, and I am familiar v
The name, title or capa	(Register acity and address of the person(s) Name and Address: TSL Watercrest WP Pressure 1000 Riverside Plaza Lane MW	ent. ed agent's signature) who has/have authori Title or to	ty to manage is/are:	luties, and I am familiar v
The name, title or capa Title or Capacity: Sole Member	(Register as recistared ag (Register ag) (Register acity and address of the person(s) Name and Address: TSL Watercrest WP Pr 6300 Riverside Plaza Lane MM Abuquerque, NM 87120	ent. ed agent's signature) who has/have authori Title or to	ty to manage is/are:	luties, and I am familiar v
The name, title or capa Title or Capacity: Sole Member	(Register as recistared ag (Register acity and address of the person(s) Name and Address: TSL Watercrest WP Pr 6300 Riverside Plaza Lane MM Abuquerque, NM 87120 Sary)	who has/have authoric Title or 6 OpCo, L.LC (SI, 200	ty to manage is/are: Capacity:	Name and Address:
The name, title or caparitle or Capacity: Sole Member Use attachments if neces	(Register age (Register age) (Register acity and address of the person(s) Name and Address: TSL Watercrest WP Pr 6300 Riverside Plaza Lane MM Abuquerque, NM 87120 sary) of existence, no more than 90 da	who has/have authoric Title or 6 opCo, LLC St. 200 ys old, duly authentica	ty to manage is/are: Capacity: ated by the official ha	Name and Address: ving custody of records in
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	mine antiface for the purpose of transacting turning	sy in clouds. The shelliste hane may melade 1,550	ed Liability Company," "L.L C." or "L
		3. <u>83-0691634</u>	
(Jurisdiction under the law of w	hich foreign limited liability company is organized		l number, (l'applicable)
	(D.) 6	······································	
•	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	determine penalty liability)	
6300 Riverside Plaz		6. 6300 Riverside Plaz	a Lane NW, Suite 200
Albuquerque, NM 87	•	Albuquerque, NM 87	
Name and attack adds.	an of Elevido envistaced exects (D.O.	N. Day NOT proportables	
	ss of Florida registered agent: (P.O Joan T. Williams		5
Name:	Journ 1, Frinding		ָּטָרָ אָט
Office Address:	445 24th Street, Suite 300		
•			e
comply with the provis	шон, і негену иссері те ирротт	Florida 32960 ce of process for the above stated lin nent as registered agent and agree to proper and complete performance of	raci in inis capacay. Tran
comply with the provis	ions of all statutes relative to the pass of my position as registered ager	oroper and complete performance of	nited liability company at to o act in this capacity. I fur
comply with the provis d accept the obligation	ions of all statutes relative to the p is of my position as registered ager	oroper and complete performance of nt. agent's signature)	nited liability company at to o act in this capacity. I fur, my duties, and I am famil
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Title or Capacity:	ions of all statutes relative to the p is of my position as registered ager (Registered acity and address of the person(s) w Name and Address: TSL Watercrest WP Pro 6300 Riverside Plaza Lane NW, S	agent's signature) who has/have authority to manage is/a Title or Capacity: pCo, LLC	nited liability company at to o act in this capacity. I fur, I my duties, and I am famil
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comply with the provised accept the obligation The name, title or cap	Registered active to the post of my position as registered ager (Registered active and address of the person(s) w Name and Address: TSL Watercrest WP Professon Riverside Plaza Lane NW, S Albuquerque, NM 87120	agent's signature) who has/have authority to manage is/a Title or Capacity: pCo, LLC	nited liability company at to o act in this capacity. I fur, I my duties, and I am famil

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "TSL WATERCREST WP OPCO, 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 FIFTH DAY OF JUNE, A.D. 2018.

Authentication: 202827400

Date: 06-05-18