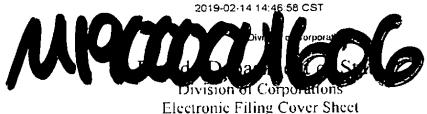
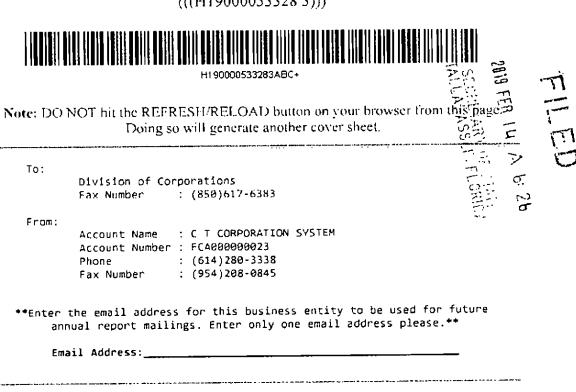
12122023573 From: Kimberly Laughrey

2/14/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## Foreign Limited Liability Company TF Seminole FL LLC

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA: TF Seminole FL LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.E.C.," or "LEC.") (If home unavailable, enter alternate name sclopled for the purpose of transacting business in Florids. The alternate name most include "Limited Liability Company," "L.L.C." or "LLC") (Et.) manber, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 2819 4. uponfiling (Date first transacted business in Florida, if prior to registration.) (See sections 05,0904 & 605,0905, F.S. to determine penalty liability) 1170 Kane Concourse, Suite 2005 1170 Kane Concourse, Suite 200 (Mailing Address) (Street Address of Principal Office) Bay Harbor Islands, FL 33154 Bay Harbor Islands, FL 33154 σ, 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **CTCorporationSystem** Name: 1200 SouthPinelslandRoad Office Address: , Florida 33324 (Zip ecde) Plantation 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. Alfred Younan (Registered Agent & signature) Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Titleor Capacity: Transform Dove Holdco LLC Member 1170KaneConcourse, Suite 200Bay HarborIslands, FI. 33154 (Use attachments if necessary) 9. Attached is accrtificate 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)/F/drida Statutes. I am aware that any false information Llony as provided for in s.817.155, F.S. submittedinadocument to the Department of State constitutes a third department authorized per em Signatur

Typed or primed name of signee

JenniferKurz, Manager

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TF SEMINOLE FL 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 FEBRUARY, A.D. 2019.

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

Authentication: 202209045

Date: 02-06-19

7256441 8300 SR# 20190765855

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