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Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

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Foreign Limited Liability Company TF Ocala 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 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY_TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. TF Ocala FL LLC (Name of Foreign Linuxed Liability Company; must include "Limited Liability Company," "L.E.C." or "LEC.")

2 Delaware	me adopted for the purpose of transacting business in Flo	orida. The alternate		thly Company," "L.L.C," or	-LLC.T)
(Jurisdiction under the law of wh	ach foreign binited lability company is organized)		(FEI numbe	r, d spphesblej	
4. uponfiling					
	(Date first transacted business in Fiorida, if prior to (See sections 605, 0904 & 605, 0905, F.S. to Jeterm	registration.) ine penalty liabihty	1		
5. 1170 Kane Concourse,	, Suite 200	6. <u>117</u>	Ú Kane Concourse, Sur (Mallog Addre	te 200	
Bay Harbor Islands, FL			Bay Harbor Islands, FL 33154		
Day Patton Islands, 11.		11117		<u> </u>	
					— د
7 Name and street address	s of Florida registered agent: (P.O. Bo)	NOT accep	table)	MINTER	2
Name:	CTCorporationSystem			רני. נידי	
wante.			-		eman grain
Office Address:	1200 SouthPineIslandRoad		_	Э. S	· 1
	Plantation		, Florida <u>33324</u> (Zip code	음악 를	
Registered agent's accep-	(City)		{Zip code	, <u></u>	5
Having bean named as re	oistered agent and to accept service of	process for th	he above stated limited	liability company o	the place
Assignated in this applica	tion. I berely accept the appointment (as registered	agent and agree to act	in inis capadus - i j	uriner agree
to comply with the provisi	ions of all statutes relative to the prope s of my position as registered agent.	r ana compte			
•	CTC ornoration Sydfour		Alfı	red Youna	ın
	By: (Roguered Appl.)	19	Assist	ant Secre	tarv
	<i>y</i>			u.,.c	, ,
8. The name, title or cap: Titleor Capacity:	acity and address of the person(s) who h Name andAddress:	nas/have autho <u>Title o</u>	rity to manage is/are: r Capacity:	Name and Addr	<u>ess:</u>
Member	Transform Dove Holde	o LLC			
_ ·	1170KaneConcourse, Suite				
	200Bay HarborIslands, FL 33154	_			<u> </u>
	33 134				
		_ 			
					
(Use attachments if neces	ssary)				
O Attacked is mortificate	of existence, no more than 90 days old	, duly authent	icated by the official ha	ving custody of ree	ords in the
jurisdiction under the law	of which it is organized. (If the certifier	ate is in a fore	ign language, a translat	ion of the certificate	under oath
of the translator must be s	ubmitted)				
10 This document is exec	cuted in accordance with section 605.02	03 (V) (b). Flo	rida Statutes, Lam awar	e that any false info	miation
submittedinadocument to	the Department of State constitutes of	niral buree fo	dony asprovided for in-	s.817.155, F.S.	
	/	1//			
		re of an extlusized	्राच्या । 		
	//				
	JenniferKurz, Manager				
	Typed	or promied name of	signee		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TF OCALA 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: 202209026

Date: 02-06-19