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| | Division of Cor | rporations | |
| | | : (850)617-6383 | |
| | | | SAS |
| From: | | | CO TO |
| | Account Name | : CAPITOL SERVICES, INC. | mic → |
| | Account Number | : 120160000017 | - P |
| | Phone | : (855)498-5500 | $r \sim c c$ |
| | Fax Number | : (800)432-3622 | 요한 5 |
| | 22% (11 | . (| TATE ORIDA |

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

Email Address:_____

Foreign Limited Liability Company T SURFSIDE FL, LLC

| Certificate of Status | 0 |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-----------|---|---------------------|--------|
| SUBJE | CT: T Surfside FL, LLC Name of Limited Liability Company | _ | |
| Existen | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, ce, and check are submitted to register the above referenced foreign limited liability company to transact business all correspondence concerning this matter to the following: | | |
| | Name of Person | . T. 2 | |
| | Capitol Services - Corporate Filings Team | 2019 HAY TALLAHA | • |
| | Firm/Company 515 East Park Avenue 2nd Fl | S: - | |
| | Address | PM 4: 41 | [i |
| | Tallahassee, FL 32301 City/State and Zip Code | SIATE LORID/ | ` |
| | akhatri@tabanigroup.com E-mail address; (to be used for future annual report notification) | - | |
| For furth | her information concerning this matter, please call: | | |
| | Name of Contact Person Area Code 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 | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\times\$ \$130.00 Filing Fee & X \$155.00 Filing Fee & X \$160.00 Filing Certificate of Status & Certified Copy of Status & Certified Copy | | |

Teresa Sharpley, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

and accept the obligations of my position as registered agent.

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SIZIULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 T Surfalde FL, LLC (Name of Foreign Limited Lieblity Company; must include "Lamited Lieblity Company," "LLC.," or "LLC.") (If tuene wasvailable, comer allernate assure adopted for the purpose of transacting business in Florida. The alternate cases unant inches "Linzine Limital Limital Company," "L.L.C." or "LLC.") 2. Texas (Jurisdiction under the law of which studies limited hability company is organized) 5. 16600 Dallas Parkway Suite 300 6. Same Dallas, Texas 75248 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: Office Address: 515 East Park Avenue 2nd FI Tallahassee 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

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Zaffar Tabani Manager Manager Manager Name: _ Address: 16600 Dallas Parkway Suite 300 ☐ Member Address: Dallas, Texas 75248 Authorized Authorized Person Person ___Other_____ Other_ Other_ Manager Manager | Name: Mcmber Address: Authorized Authorized Person Person Other___ □Other_____ Other_ Other. ■ Manager ■ Manager Name: __ Member Address: ____ ☐ Member Address: ■ Authorized Authorized Person Person. Other___ Other Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate 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), Florida Stantes. I am aware that any false information submitted in a document to the Department of State constitutes a transfer degree felony as provided for in s.817,155, F.S.

Zaffar S. Tabani

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



David Whitley Secretary of State

Office of the Secretary of State

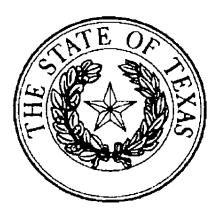
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for T Surfside FL, LLC (file number 803291997), a Domestic Limited Liability Company (LLC), was filed in this office on April 15, 2019.

It is further certified that the entity status in Texas is in existence.

2019 MAY -8 PM 4: 42
SECREPERSON OF STATE

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 07, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

David Whitley Secretary of State

Come visit us on the internet at http://www.sos.state.bx.us/ Fax: (512) 463-5709

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