ن.

Division of Corporations

Page 1 of 2

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.

(((H19000153373 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067 Phone : (845) 425-0077 Fax Number : (845)818-3588

\*\*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 Winter Springs TIC IV Owner LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

B KINSE'Y MAY 10 2019

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA $^{\circ}$

Winter Springs TIC IV (Name of Foreign	/ Owner LLC United Usbility Company; must include "Limited	LIABBRY Company," "L.L.C.," or "LLC.")	
	name edopted for the purpose of treasacting business in Flori	la. The sitemate cards must include "Utalises List	hilly Company," "L.L.C," or "LLC.")
Dolaware	this? Similed limited (liability company is organized)	3. <u>(Pil num)</u>	er, Vapplicatio
	, , , , , , , , , , , , , , , , , , , ,	•	
	(Duze first transacted business in Florids, If prior to w (See sections 605 0904 & 605,0905, F.S. to determine	e (ration, )	<del></del> ;
650 Madison Avenue,	, 22nd Floor	6. 650 Madison Avenue, 22nd	Picor
New York, NY 10022	•	New York, NY 10022	(#)
			35
Name and street address	gg of Florida registered agent: (P.O. Box	NOT acceptable)	Ö
Name:	Voorp Services, LLC		<u> </u>
Office Address:	5011 South State Road 7, Suite 106		
	0001 00200 00000 00000		()
			උා
signated in this applica comply with the provis	Davie (City)	registered agent and agree to act	liability company at the p in this capacity. I further
iving been named as re signated in this applica comply with the provis	Davio  (City)  Itanco:  egistered agent and to accept service of piction, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	ocess for the above stated limited registered agent and agree to act nd complete performance of my	liability company at the p in this capacity. I further
iving been named as re signated in this applica comply with the provis	Davio  (City)  Itanco:  egistered agent and to accept service of piction, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	ocess for the above stated limited registered agent and agree to act nd complete performance of my	liability company at the p in this capacity. I further
rving been named as re signated in this applica comply with the proviz d accept the obligation	Davio  (City)  Stance:  Egistered agent and to accept service of piction, I hereby accept the appointment as ions of all statutes relative to the proper is a few position as registered agent.  (Registered agent's significant a	ocess for the above stated limited registered agent and agree to act and complete performance of my .  No.	liability company at the p in this capacity. I further
rving been named as re signated in this applica comply with the proviz d accept the obligation	Davio  (City)  Itanco:  egistered agent and to accept service of piction, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	ocess for the above stated limited registered agent and agree to act and complete performance of my .  No.	liability company at the p in this capacity. I further
wing been named as re signated in this applica comply with the provis d accept the obligation The name, title or cap	Davio  (City)  Itance:  Egistered agent and to accept service of pution. I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's signared agent'	ocess for the above stated limited registered agent and agree to act and complete performance of my waster)  have authority to manage is/aro:	liability company at the p in this capacity. I further duties, and I am familiar
tring been named as resignated in this application the provise discrept the obligation  The name, title or capation	Davio  (City)  Itance:  Agistered agent and to accept service of pittion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Ragistred agent's significant and Address:  Winter Springs GP LLC  650 Madison Ave., 22nd Floor	ocess for the above stated limited registered agent and agree to act and complete performance of my waster)  have authority to manage is/aro:	liability company at the p in this capacity. I further duties, and I am familiar
tring been named as resignated in this application the provise discrept the obligation  The name, title or capation	Davie  (Chy)  Itance:  Agistered agent and to accept service of putition, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's significant and address of the person(s) who has Name and Address:  Winter Springs GP LLC	ocess for the above stated limited registered agent and agree to act and complete performance of my waster)  have authority to manage is/aro:	liability company at the p in this capacity. I further duties, and I am familiar
tring been named as resignated in this application the provise discrept the obligation  The name, title or capation	Davio  (City)  Itance:  Agistered agent and to accept service of pittion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Ragistred agent's significant and Address:  Winter Springs GP LLC  650 Madison Ave., 22nd Floor	ocess for the above stated limited registered agent and agree to act and complete performance of my waster)  have authority to manage is/aro:	liability company at the p in this capacity. I further duties, and I am familiar
tring been named as resignated in this application the provise discrept the obligation  The name, title or capation	Davio  (City)  Itance:  Agistered agent and to accept service of pittion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Ragistred agent's significant and Address:  Winter Springs GP LLC  650 Madison Ave., 22nd Floor	ocess for the above stated limited registered agent and agree to act and complete performance of my waster)  have authority to manage is/aro:	liability company at the p in this capacity. I further duties, and I am familiar
tring been named as resignated in this application the provise discrept the obligation  The name, title or capation	Davio  (City)  Itance:  Agistered agent and to accept service of pittion, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Ragistred agent's significant and Address:  Winter Springs GP LLC  650 Madison Ave., 22nd Floor	ocess for the above stated limited registered agent and agree to act and complete performance of my waster)  have authority to manage is/aro:	liability company at the p in this capacity. I further duties, and I am familiar
tring been named as resignated in this application the provise discrept the obligation  The name, title or capation	Davio  (City)  plance:  egistered agent and to accept service of putition, I hereby accept the appointment as ions of all statutes relative to the proper to a of my position as registered agent.  (Registered agent's in a city and address of the person(s) who has Name and Address:  Winter Springs GP LLC  630 Madison Ave., 22nd Floor New York, NY 19022	ocess for the above stated limited registered agent and agree to act and complete performance of my waster)  have authority to manage is/aro:	liability company at the p in this capacity. I further duties, and I am familiar
rving been named as resignated in this application this application that the provised accept the obligation.  The name, title or capatitle or Capatitle or Capatitle.  Manager  Attachments if necessatisched is a certificate.	Davie  (City)  Itance:  signification and to accept service of piction, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Registred agent's significant agen	ocess for the above stated limited registered agent and agree to act and complete performance of my formation.  There authority to manage is/aro:  Title or Canacity:	hability company at the pin this capacity. I further duties, and I am familiar hame and Address:

Types or printed mens of tigates

05/09/2019 14:19 (FAX)845 818 3588 P.003/003

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "WINTER SPRINGS TIC IV OWNER 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 NINTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINTER SPRINGS TIC IV OWNER LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2019.

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

at coro delaware gov/aut

Authentication: 202792724

Date: 05-09-19