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(Requestor's Name)

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(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/18/2019

Name: Joy Weaver

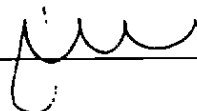
Reference #: 1153754

Entity Name: FAIR HAVENS PHILIPSON TIC MEMBER III, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

2019 11 18 PM 4:40
TALLAHASSEE FL 32301
1153754

Authorized Amount: \$125.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fair Havens Philipson TIC Member III, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bent Philipson

Name of Person

Firm/Company

22 Pleasant Ridge Rd

Address

Spring Valley, NY 10977

City/State and Zip Code

bphilipson1@gmail.com

E-mail address: (to be used for future annual report notification)

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TALL.

For further information concerning this matter, please call:

Hiba Wilson at (212) 682-4002 x30
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
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fair Havens Philipson TIC Member III, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware n/a
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 22 Pleasant Ridge Rd
(Street Address of Principal Office)
Spring Valley, NY 10977
6. 22 Pleasant Ridge Rd
(Mailing Address)
Spring Valley, NY 10977

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

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.

Sheila Carroll
(Registered agent's signature)

Sheila Carroll, Assistant Secretary

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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]:

Title or Capacity: **Name and Address:**

Manager Name: Bent Philipson

Member Address: 22 Pleasant Ridge Rd

Authorized Person Spring Valley, NY 10977

Other Other

Manager Name: _____

Member Address: _____

Authorized Person _____

Other Other

Manager Name: _____

Member Address: _____

Authorized Person _____

Other Other

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized Person _____

Other Other

Manager Name: _____

Member Address: _____

Authorized Person _____

Other Other

Manager Name: _____

Member Address: _____

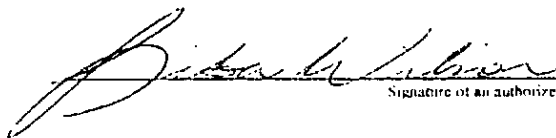
Authorized Person _____

Other Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

Hiba Wilson

 Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAIR HAVENS PHILIPSON TIC MEMBER III, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAIR HAVENS PHILIPSON TIC MEMBER III, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2019.

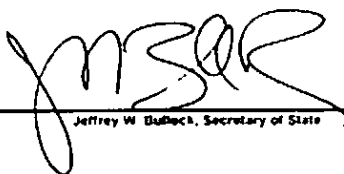
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7701604 8300

SR# 20198136881

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204025699

Date: 11-18-19