2019-11-27 14:16:50 (GMT)

18886118813 From: Vcorp Services, LLC Page 1 of 2

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Division of Corporations Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC Account Number : 120080000067 Phone : (945)425-0077 Fax Number : (945)818-3588

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2019 P.C. 27

Foreign Limited Liability Company Grand Oaks TIC III Owner LLC

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

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

IN COMPLIANCE WITH SECTION 695/002, FLORIDA SEITUTES, THE FOLLOWING IS NUMMITED TO REGISTER A FOREGN. LIMITED LIABILITY COMPANYTO IRANNACT BUSINESS IN THE STATE OF FLORIDA:

## 1. Grand Oaks TJC III Owner LLC

| (Name of Foreign Limited Eability Compar- | <li>ay, must include "Lansted Liability Company,"</li> | ""E.1. C., ar "I,LC*) |
|---|--|-----------------------|
|   |  |                       |

| Deinware  |   | 3                           |  |  |
|---|---|-----------------------------|--|--|
| Consideration under the Liw of wh                       | inds toreign found liaberty countains is organized)   | J.                          | (£1)   | number, if applicable;   |
|   |   |                             |  |  |
| •   | (Date freq transacted Eastness in Florida, if prim<br>(See s. anors 605,0991 & 693 0905, if 5 to det  | 10 regestration             | }<br>}<br>Jaabulaty)                         | •  |
| 650 Madison Ave.  |   | • • •                       | 650 Madison Ave.                             |  |
| (Sheel Address of P                                     | nnzijul ()16.cc)  | υ.                          | (Marling                                     | Address  |
| 22nd Floor  |   |                             | 22nd Floor                                   | · · · · · · · · · · · · · · · · · · ·                                  |
| New York, NY 1002                                       |   |                             | New York, NY 1002                            |  |
| Name:   | Vcorp Services, LLC   | <u> </u>                    | <u>.                                    </u> | - >  |
| Office Address:   | 5011 South State Road 7, Suite 106  | ··· <b>·</b>                |  | 201  |
|   | Davie   |                             | Florida 33314<br>                            | 2019 HU  |
|   | (Cry)   |                             | (7)  | p code)  |
| lesignated in this applica<br>o comply with the provisi | gistered agent and to accept service o<br>tion. I hereby accept the appointmen<br>ons of all statutes relative to the prop<br>s of my position as registered agent. | t as registe<br>per and col | ered agent and agree to                      | act in this capacity. I further<br>my duties, and I am familiar w<br>N |
|   | (Registered agen  | t's symature)               |  |  |
| 8 The name title or cans                                | city and address of the person(s) who   | has/have                    | utharity to manage is/or                     | · • •  |
| Title or Capacity:                                      | Name and Address:   |                             | tle or Capacity;                             | Name and Address:  |
| THE OF CADACICS.  | TABLE AND AUDI C33.   | 11                          | ere of Capacity,                             | manic and Audress.   |

| Manager | GMF Grand Oaks LLC                               |      |
|---------|--|------|
|         | 650 Madison Ave., 22nd Flr<br>New York, NY 10022 |      |
|         |  | <br> |
|         |  |      |

(Use attachments if necessary)

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 formy is provided for in s.817.155, F.S.

|               | y ym  |
|---------------|---|
|               | Signature of an automroupper on                     |
|               | By: GVF Grand Oaks LLC, its Manager                 |
| J. Jay Lobell | By: GME Grand Oaks Nanager LLC, its Managing Member |

Typed or printed name of signer-



The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAND OAKS TIC III 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAND OAKS TIC III OWNER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2019.

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





87314

Authentication: 204088847

Date: 11-26-19

7717673 8300

SR# 20198310537 You may verify this certificate online at corp.delaware.gov/authver.shtml