

M2000000 9468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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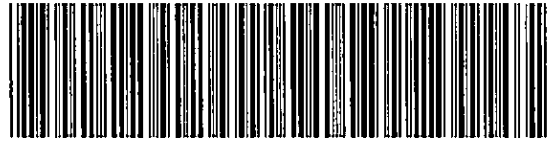
(Business Entity Name)

(Document Number)

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538
10/22/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCD 218 MASTER LESSEE WINDERMERE 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:

MICHAEL B. BRODIGAN

Name of Person

BRODIGAN AND GARDINER, LLP

Firm/Company

40 BROAD STREET

Address

BOSTON, MA 02109

City/State and Zip Code

mbrodigan@brodiganlaw.com

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

For further information concerning this matter, please call:

Michael B. Brodigan

Name of Contact Person

617

at ()

Area Code

542-1871

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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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. TCD 218 MASTER LESSEE WINDERMERE 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

610 N. Wymore Road, Suite 200

5. (Street Address of Principal Office)

6. (Mailing Address)

Maitland, FL 32751

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

Name: Linda G. Kassof

Office Address: 610 N. Wymore Road, Suite 210

Maitland, Florida 32751
(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.


(Registered agent's signature)

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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: Peter Merrigan

☐ Member

Address: c/o Taurus Investment

☐ Authorized

Holdings LLC, Two International Place,

Person

Suite 2710, Boston, MA 02110

☐ Other

☐ Other

☒ Manager

Name: Linda G. Kassof

☐ Member

Address: c/o Taurus Investment

☐ Authorized

Holdings, LLC, 610 N. Wymore Road,

Person

Suite 200, Maitland, FL 32751

☐ Other

☐ Other

☒ Manager

Name: Eric Rijnbout

☐ Member

Address: c/o Taurus Investment

☐ Authorized

Holdings, LLC, Two International Place,

Person

Suite 2710, Boston, MA 02110

☐ 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

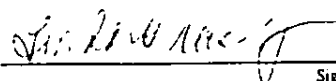
☐ Other

☐ 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

Linda G. Kassof

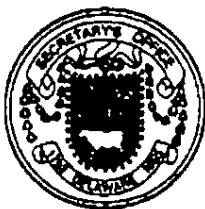
Typed or printed name of signer

Delaware

The First State

Page 1

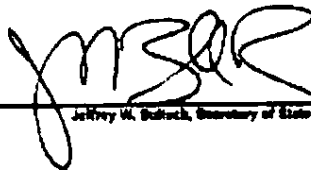
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TCD 218 MASTER LESSEE WINDERMERE LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2020.



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SR# 20207798612

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

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Jeffrey W. Bullock, Secretary of State

Authentication: 203856171

Date: 10-14-20