

6/23/2021

Division of Corporations

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL

**Foreign Limited Liability Company
TL/IP Ocala Industrial Owner, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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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. TL/IP Ocala Industrial Owner, 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.

(LL 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)

280 Park Avenue

5. (Street Address of Principal Office)

New York, NY 10017

c/o Torchlight Investors LLC

6. (Mailing Address)

280 Park Avenue

New York, NY 10017

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

Name: IP Capital Partners, LLC

Office Address: 225 NE Mizner Boulevard, Suite 400

Boca Raton

(City)

, Florida

33432

(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

IP Capital Partners, LLC

By

(Registered agent's signature)

Name: Josh Proenca

Title: Authorized Signatory

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jason Isaacson</u>	<input type="checkbox"/> Manager	Name: <u>Josh Procacci</u>
<input type="checkbox"/> Member	Address: <u>c/o IP Capital Partners, LLC, 225 NE Mizner Boulevard, Suite 400, Boca Raton, FL 33432</u>	<input type="checkbox"/> Member	Address: <u>c/o IP Capital Partners, LLC, 2225 NE Mizner Boulevard, Suite 400, Boca Raton, FL 33432</u>
<input checked="" type="checkbox"/> Authorized	Signatory	<input checked="" type="checkbox"/> Authorized	Signatory
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Robert Del Monaco</u>	<input type="checkbox"/> Manager	Name: <u>Abbey Kosakowski</u>
<input type="checkbox"/> Member	Address: <u>c/o Torchlight Investors LLC, 280 Park Avenue, New York, NY 10017</u>	<input type="checkbox"/> Member	Address: <u>c/o Torchlight Investors LLC, 280 Park Avenue, New York, NY 10017</u>
<input checked="" type="checkbox"/> Authorized	Signatory	<input checked="" type="checkbox"/> Authorized	Signatory
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Gianluca Montali</u>	<input type="checkbox"/> Manager	Name: <u>Felipe Dorregaray</u>
<input type="checkbox"/> Member	Address: <u>c/o Torchlight Investors LLC, 280 Park Avenue, New York, NY 10017</u>	<input type="checkbox"/> Member	Address: <u>c/o Torchlight Investors LLC, 280 Park Avenue, New York, NY 10017</u>
<input checked="" type="checkbox"/> Authorized	Signatory	<input checked="" type="checkbox"/> Authorized	Signatory
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Robert Del Monaco, as Authorized Signatory

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 "TL/IP OCALA INDUSTRIAL 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 SIXTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TL/IP OCALA INDUSTRIAL OWNER, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2021.

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



5859390 8300

SR# 20212466645

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203461468

Date: 06-16-21