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57	∓o: J <u>(</u>	Division of Corporations	179 129 129
FH 12:	From:	Fax Number : (850) 617-6383	SEP
		Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017	-5
<u>a</u> .	AHAS	Phone : (855)498-5500 Fax Number : (800)432-3622	P: 5
	() () () () () () () () () () () () () () () (email address for this business entity to be used for troport mailings. Enter only one cmail address please.*	
	annual	report mailings. Enter only one email address please.*	*

Foreign Limited Liability Company

THIRD LAKE RE MULTIFAMILY III GP, LLC

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COVER LETTER

ECT:	nird Lake RE Multifamily III GP, LLC			
Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F.		
return all	correspondence concerning this matter to	o the following:		
	Christina T. Rodriguez			
		Name of Person		
	c/o Haynes and Boone, LLP			
		Firm/Company		
	2323 Victory Avenue, Suite 700			
		Address		
	Dallas, Texas 75219			
	C	Sity/State and Zip Code		
	rforsythe@thirdlake.com			
	E-mail address: (to be	used for future annual report notification)		
ther info	mation concerning this matter, please ca	H:		
Robert	Forsythe	813 497.8100 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	g Address:	Street Address:		
Registration Section Division of Corporations P.O. Box 6327		Registration Section		
		Division of Corporations		
		The Centre of Tallahassee		
Tallah	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
		•		

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:

Third Lake RE Multifa (Name of Foreign	mily III GP, LLC Limited Liability Company, must include "Limit	ed Ciabili:	y Company," "L.L.C.," or "LLC")	
Enaine unavailable, enter alternate s	same adopted for the purpose of transacting business in l	Florida. The	alternate name must include "Limited Liability Co-	npany," "L.1.C," or "Ll.C.")
Delaware 2.		3	87-2420150	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٠,	(FEI number, if appli	cable)
August 14, 2021				
•	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registratio nine penalty	n.) hability)	
1600 E. 8th Avenue, S		6	1600 E. 8th Avenue, Suite A132-A	
Street Address of Principal Office)		0.	(Mailing Address)	
Tampa, Florida 33605			Tampa, Florida 33605	
				
. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)	2921 S
Name:	Robert Forsythe			2021 SEP 21 FH 5:3
Office Address:	1600 E. 8th Avenue, Suite Ai32-A			PH ACT
	Tampa		33605 . Florida	3
	(City)		(Zip code)	
lesignated in this application of comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment o ons of all statutes relative to the prope s of my position as registered agent.	as regist	ered agent and agree to act in this c	apacity. I further agre
	/s/ Rober		he	
	(Registered agent')	signature)		

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
■ Manager	Name: Robert Forsythe	■Manager	Name: Kenneth P. Jones
∃Member	Address: 1600 B. 8th Avenue	□Me mber	Address: 1600 E. 8th Avenue
]Authorized	Suite A132-A	□Authorized	Suite A132-A
Person	Tampa, Florida 33605	Person	Tampa, Florida 33605
□Other	□Other	□Other	Other
∃Manager	Name:	□Маладег	Name:
]Member	Address:	□Member	Address:
☐Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
]Manager	Name:	□Manager	Name:
]Member	Address:	□Mcmber	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

- 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.

	/s/ Robert Forsythe	
	Signature of an authorized person	·············
Robert Forsythe		
September 20, 2021	Typed or printed name of signed	H21000353519

H21000353519

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "THIRD LAKE RE MULTIFAMILY III GP, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD LAKE RE MULTIFAMILY III GP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 204199567

Date: 09-20-21