

W21000014242

(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

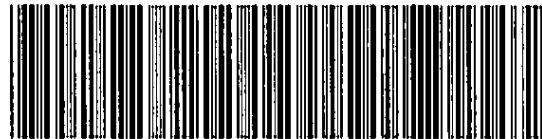
(Business Entity Name) _____

(Document Number) _____

Certified Copies _____ Certificates of Status _____

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10/25/21--01024--016 **160.00

2021 OCT 25 PM 6:24

S. FRANKLIN
OCT 27 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Caden 1989 TIC 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:

Raquel Treviño

Name of Person

Nitya Capital, LLC

Firm/Company

8901 Gaylord Dr. Suite 100

Address

Houston, TX 77024

City/State and Zip Code

rtrevino@nityacapital.com

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

For further information concerning this matter, please call:

Raquel Trevino 713 291-4752
Name of Contact Person at () Area Code 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:

Caden 1989 TIC III, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

(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")

Delaware

87-3135112

2. (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)

8901 Gaylord Dr., Ste. 100
5. _____
(Street Address of Principal Office)

6. 8901 Gaylord Dr., Ste. 100
(Mailing Address)

Houston, TX 77024

Houston, TX 77024

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

Corporation Service Company

1201 Hays Street

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.

of my position as Registrar to
Corporation Service Company

By: Maureen DiCarlo Assistant Secretary
(Registered agent's signature)

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 checked="" type="checkbox"/> Manager	Name: Nitya AM, L.L.C Address: 8901 Gaylord Dr., Ste. 100 Houston, TX 77024	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Person _____	<input type="checkbox"/> Authorized	Person _____
Person _____	Person _____	Person _____	Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Person _____	<input type="checkbox"/> Authorized	Person _____
Person _____	Person _____	Person _____	Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Person _____	<input type="checkbox"/> Authorized	Person _____
Person _____	Person _____	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

Swapnil Agarwal

Typed or printed name of signee

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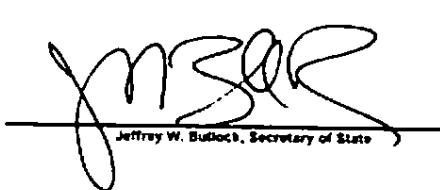
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CADEN 1989 TIC III, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2021.

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

2021 OCT 25 PM 6:24



Jeffrey W. Bullock, Secretary of State

6312005 8300

SR# 20213548543

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



Authentication: 204447008

Date: 10-19-21