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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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S. FRANKLIN

OCT 29 2021

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956

Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO:** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM:** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE:** 10/28/2021 **PRIORITY:** Regular Approval

**OUR REF # (Order ID #):** 962827

**ORDER ENTITY:**  
TMF FUND SERVICES NORTH AMERICA LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

TMF FUND SERVICES NORTH AMERICA LLC (FL)

File the attached foreign qualification document

**NOTES:**

\$125.00/Authorized

Email address for annual report reminders: csec@tmfgroup.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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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. TMF Fund Services North America, LLC

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

(If name unverifiable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

North Carolina

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)

790 SE Cary Parkway

790 SE Cary Parkway

5. (Street Address of Principal Office)

6. (Mailing Address)

Suite 204

Suite 204

Cary, NC 27511

Cary, NC 27511

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

Name: Corporate Creations Network Inc.

Office Address: 8011 US Highway 1

North Palm Beach, 33408  
(City) , Florida (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.

Corporate Creations Network Inc.

By: (Registered agent's signature)

By: Michael Reinhold, Special Secretary

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: Lucas Delfino

☐ Member Address: 80 SW 8th Street

☒ Authorized Suite 2900

Person Miami, FL 33130

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ 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

Lucas Delfino

\_\_\_\_\_  
Typed or printed name of signer



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE E. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### TMF FUND SERVICES NORTH AMERICA LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 26th day of November, 2019.

I FURTHER certify that, as of the date of this certificate: (i) the said limited liability company is not dissolved under the terms of its articles of organization; (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; (iv) that this office has not filed any decree of judicial dissolution; articles of dissolution; articles of merger; or articles of conversion for said limited liability company.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of September, 2021.