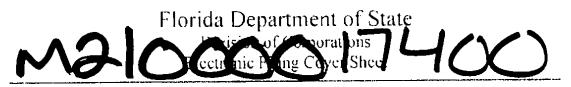
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

Foreign Limited Liability Company TCG Corinthian FL Portfolio Prop LLC

2021 DEC 21 AN 10: 15

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\$155.00

2021 DEC 21 AM 7: 15 SECRE LARY DE STATE FALLAMASSEL, FLORDS

APPROVED AND FILED

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OEC 22 2021 K. Brumbley

From, Lexus W

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACTBUSINESS INTHE STATE OF FLORIDA:

name unavalable, enter alternate n.	and adopted for the purpose of transacting business in Hor	ida. The alternat	e name must înclude "Limited	i Liability Company," "L.U.	C," or "LTC"
Delaware		3			
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)	anized) (FEI number, if applicable		imper, if applicable)	
	(Date first transacted business in Florida, if prior to te	gistration.)			
	(See sections 605 0904 & 605 0905, F.S. to determin	e penalty hability		0	
1650 Coral Way, Unit 9	908	6	Coral Way, Unit 90	δ 	
eet Address of Principal Office)			(Mailing Address)		
Coral Gables, FL 33145	5	Cora	FGables, FL 33145		
		-			
			,	产品	202
Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)	22.53	I DEC
-				- 現場	
	C.T Corporation System				2 =
Name:		··· -	_		AH AH
	1200 South Pine Island Road			187	17
Office Address:		 -			··
	Plantation		33324 Florida		נה
	(City)		(Zip aisde	1)	

Byt (Registered agent's signature)

8. For initial indexing purposes, list names,	title or capacity	and addresses of the	primary memb	ers/managers or per	sons authorized to
manage [up to six (6) total]:					

Title or Capacity:	Name and Address:	Title or Capacity:	1	Name and Address:
□Manager	Name: Denis Barreto, Jr.	☐ Manager	Name:	
□Member	Address:	_ Member	Address: _	
■ Authorized	Unit 908	☐ Authorized		
Person	Coral Gables, FL 33145	Person		
☐Other	Other	Other		[]Other
∏Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name;	□ Manager	Name:	and the same of th
□Member	Address:	□Member	Address: _	
□Authorized		Authorized		
Person		Person		
□Other	Other			□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Denis Barreto, Or.	
Signature of an authorized person	
Denis Barreto, Jr.	

Page 1

From: Lexus W

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

DELAWARE, DO HEREBY CERTIFY "TCG CORINTHIAN FL PORTFOLIO PROP 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 DECEMBER, A.D. 2021.

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

Authentication: 205036888

Date: 12-20-21