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Division of Corporations

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: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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## Foreign Limited Liability Company THIRD LAKE PE I GP, LLC

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S. HAWKES

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H22000104157

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The enc	losed "Applicati e, and check are	on by Foreign submitted to	Limited Liability Con register the above refe	npany for Authorizati renced foreign limite	ion to Transa d liability co	act Business in Florida, ompany to transact busi	" Certificate of ness in Florida.
Please re	eturn all corresp	ondence conce	erning this matter to th	e following:			
	Chris	ina T. Rodrig	uez				_
		<del></del>	I	Name of Person			•
	c/o H	ynes and Boo	one, LLP				_
				Firm/Company			•
2323 Victory Avenue, Suite 700						_	
		<del></del>		Address			
Dallas, Texas 75219  City/State and Zip Code					_		
	rforsyti	c@thirdlakc.					
	<del></del>	E-	mail address: (to be us	ed for future annual r	report notific	cation)	-
For furt	her information	concerning th	is matter, please call:				
	Robert Forsythe			813 at (	497.8100		_
		Name of Co	ontact Person	Area Code	Daytin	ie Telephone Number	
	Mailing Address: Registration Section			Street Address: Registration Sec	ction		
	Division of Corporations		ıs	Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee			
				2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a c Please make cl □ \$125.00 Fil	eck payable t	ollowing amount: to: FLORIDA DEPAI I \$130.00 Filing Fee & Certificate of \$	չ 🗏 \$155.00 Filii	ng Fee &	☐ \$160.00 Filing Fee of Status & Co	, Certificate rtificd Copy

H22000104157

## 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 PE I GP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Unavailable at this time Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 1600 E. 8th Avenue, Suite A132-A 1600 E. 8th Avenue, Suite A132-A (Mailing Address) (Street Address of Principal Office) Tampa, Florida 33605 Tampa, Florida 33605 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert Forsythe Name: 1600 E. 8th Avenue, Suite A132-A Office Address: Tampa 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. /s/ Robert Forsythe (Registered agent's signature)

## H22000104157

8.	. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to
mį	anage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	
≅Manager	Name: Robert Forsythe	Manager	Name: Kenneth P. Jones
□Member	Address: 1600 E. 8th Avenue	□Member	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:	∏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	① Other
∐Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	Other	Other

- 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 outh 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	
<del></del>	Signature of an authorized person	
	Robert Forsythe	H22000104157
<del></del>	Typed or printed name of signee	<del></del>

## Delaware The First State

H22000104157

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THIRD LAKE PE I 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 EIGHTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD LAKE PE I GP, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2022.

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

6679311 8300

SR# 20221060854

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

Authentication: 202948772

Date: 03-18-22