Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations		
	Fax Number : (850)617-	5383	
From:			
	Account Name : CORPORATE		INC
	Account Number: 110432003 Phone: (561)694-		
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S. FRANKLIN-

MAY 0 4 2022

Electronic Filing Menu

Corporate Filing Menu

Help

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

	<i>SINESS IN THE STATE OF PLORIDA:</i> To FL., LL.C.				
(Name of Foreign	OFL, LLC Limited Liability Company; must include "Limite	d Liability Co	npany," "L.L.C.," or "LL.C.")		
	, , ,				
Of more manualists order abstracts	name adopted for the purpose of transacting business in F	lorida. The altern	rate name must include "Limited Lishibity Compa	ary," "L.L.C," or "LI	LC.")
	and any part of the second				
Delaware 2	hich foreign limited liability company is organized)	3	(FEI number, if applicab		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(нет выпост, и аручкае	16)	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)	iny)		
301 Commerce Street.	Suite 3300	30	l Commerce Street, Suite 3300		
5. (Street Address of Principal Office)		6	(Mailing Address)		7022 HAY -3
		Eo.	rt Worth, Texas 76102) H.
Fort Worth, Texas 7610	12		Worth, rexas 70102		=
				•	ယ်
					P
				•	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acco	eptable)		ين ن
					2
	Corporate Creations Network Inc.				
Name:		 			
(005 A.dd	801 US Highway I				
Office Address:			<u> </u>		
	North Palm Beach		33408 , Florida		
	(C#y)		(Zip code)		
D (-A	4				
Registered agent's accept Having been named as re	egistered agent and to accept service of	process for	the above stated limited liability c	ompany at the	place
designated in this applica	tion. I hereby accept the appointment a	is registered	l agent and agree to act in this cap	nacity. I furth	er agree
to comply with the provision and accent the obligation	ions of all statutes relative to the prope s of my position as registered agent.	г ала сотр	iete perjormance oj my uuties, uni	II um jumum	, жи
arra assays are avergance.	(公)				
	3)′	Saray l	Djidji, Special 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Dogwood TAC+ Holdings, L.P.	□ Manager .	Name: Ken Murphy	
■ Member	Address: 301 Commerce Street Ste 3300	☐ Member ·	Address: 301 Commerce Street Ste 3300	
□Authorized	Fort Worth, Texas 76102	■ Authorized	Fort Worth, Texas 76102	
Person		Person		
Other	Other	Other	□Other	
□Manager	Name:	Manager	Name:	
□Member	Address:	☐ Member	Address:	
□Authorized		Authorized	2072	
Person		Person	2 11 12	
□Other	□Other	□ Other	. 1	
		,	PH	
□Manager	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	□Other	□ 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	
Ken Murphy		
	Typed or printed name of signer	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DOGWOOD TAC+ PROPCO FL, 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 THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOGWOOD TAC+ PROPCO FL, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2022.

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

2022 HAY -3 PH 4: \$93

Authentication: 203334540

Date: 05-03-22