M2200015211

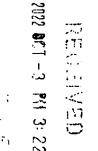
· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)	
	(Address)	
	(Address)	
	(
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
		
Special Instructions to	o Filing Officer:	
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Office Use Only



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S. ROBERTS **OCT 0 3 2022**

CORPORATION SERVICE COMPANY 1201 Hays Street

NAME: HTFF FL-T LLC

Tallhassee, FL 32301 Phone: 850-558-1500

7

	ACCOUNT NO. : I2000000195
	REFERENCE : 1978101 5040028
	AUTHORIZATION THE BUILDING
	COST LIMIT : \$ 125.00
ORDER DATE :	September 28, 2022
ORDER TIME :	2:33 PM
ORDER NO. :	978101-010
CUSTOMER NO:	5040028
-	
	FOREIGN FILINGS

XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#
EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	HTFF FL-T LLC	
		Name of Limited Liability Company
		n Limited Liability Company for Authorization to Transact Business in Florida," Certificate of o register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence con-	cerning this matter to the following:
	HTFF FL-T LLC	
	-	Name of Person
	c/o Manulife Inve	estment Management Timberland and Agriculture Inc
		Firm/Company
	197 Clarendon S	street, C-08-99
		Address
	Boston, MA 0211	16
		City/State and Zip Code
	TaxTeam@hnrg.c	om
	E	-mail address: (to be used for future annual report notification)
For fur	ther information concerning th	nis matter, please call:
	HTFF Accounting	617 747-1600
	Name of C	ontact Person Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporation	· ·
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
		following amount: to: FLORIDA DEPARTMENT OF STATE \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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 LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida The	alternate name must include "Limited Liab	oility Company." "I	, 1, C," or "1.		
Delaware		2	92-0450025				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3,	(FEI minber	r, (l'applicable)			
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	or to registration termine penalty	iability)				
197 Clarendon Street, C-08-99		6	197 Clarendon Street, C-08-99				
treet Address of Principal Office)		0.	(Mailing Address)				
Boston, MA 02116		Boston, MA 02116					
Name and street addre	of Florida registered quant. (D.O. S	eou NOT a	geoptable				
Name and street address Name:	SS of Florida registered agent: (P.O. E	Box <u>NOT</u> a	cceptable)	स्य । स्य ! !	2022 007 -		
		30x <u>NOT</u> a	cceptable)	77! 17:	2022 OCT -3 AH		
Name:	Corporation Service Company 1201 Hays Street Tallahassee	Box <u>NOT</u> a	 	77! 77! 7.	-3 AH 9:0		
Name:	Corporation Service Company 1201 Hays Street	Box <u>NOT</u> a	32301		-3 AH 9:		
Name: Office Address: egistered agent's accepaving been named as resignated in this applicate comply with the provisi	Corporation Service Company 1201 Hays Street Tallahassee	of process j et as registe oer and con	32301, Florida Zip code) For the above stated limited lired agent and agree to act in	this capacity	-3 AH 9:05		

Name and Address:	Title or Capacity:		Name and Address
Name: Manulife Investment Management Timberland and Agriculture Inc	□Manager	Name:	
Address: 197 Clarendon Street, C-08-99	□Member	Address: _	
Boston, MA 02116	□Authorized		
	Person		
Other	□Other		□Other
Name:	□Manager	Name:	
Address:	□Member	Address: _	
	□Authorized		
	Person		
Other	□Other		□Other
Name:	□Manager	Name:	
Address:	□Member	Address: _	
	□Authorized		
	Person		
Other	□Other		□Other
	Name: Manulife Investment Management Timberland and Agriculture Inc 197 Clarendon Street, C-08-99 Boston, MA 02116 Other Name:	Name: Manulife Investment Management Timberland and Agriculture Inc. 197 Clarendon Street. C-08-99 Member Manager Member Manager Member Manager Mathorized Person Manager Manager Manager Manager Manager Manager Manager Mathorized Person Manager Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Manager Mathorized Mathorized Person Manager Mathorized Person Manager Mathorized Person Manager Mathorized Person	Name: Manulife Investment Management Timberland and Agriculture Inc 197 Clarendon Street, C-08-99

- 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.

Margaret Beagen

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HTFF FL-T 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HTFF FL-T LLC"

WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2022.

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



Authentication: 204502184

Date: 09-28-22