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.

(((H23000202845 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

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

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

Email Address:_

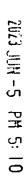
Foreign Limited Liability Company

TLV RE MF V FREEPORT II OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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COVER LETTER

nologed "Application by Foreign Limited Lightle	ame of Limited Liability Company
	ity Company for Authorization to Transact Business in Florida," Certificate we referenced foreign limited liability company to transact business in Florida.
e return all correspondence concerning this matter	er to the following:
Christina T. Rodriguez	
	Name of Person
c/o Haynes and Boone, LLP	
	Firm/Company
2323 Victory Avenue, Suite 700	
	Address
Dallas, Texas 75219	
	City/State and Zip Code
rforsythe@thirdlake.com	
E-mail address: (to	be used for future annual report notification)
rther information concerning this matter, please	call:
Robert Forsythe	813 497.8100 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	a manufactory a set of the control o
Enclosed is a check for the following amount Please make check payable to: FLORIDA D	

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

H23000202845

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

TLV RE MF V Freeport II Owner, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, once abernate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) June 1, 2023 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1600 E. 8th Avenue, Suite A132-C 1600 E. 8th Avenue, Suite A132-C (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) Capitol Corporate Services, Inc. Name: 515 East Park Avenue, 2nd Ploor Office Address:

Registered agent's acceptance:

Tallahassee

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.

(City)

Toylor Suy	Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.
(Register	ed agent's signature)

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8.	For initial indexing purposes,	list names, title	or capacity and	addresses of the	e primary n	nembers/managers o	r persons auth	orized to
	nage [up to six (6) total]:					_	-	

Title or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
■Member	Address: 1600 E. 8th Avenue	□Member	Address:	
□Authorized	Suite A132-C	□Authorized		
Person	Tampa, Florida 33605	Person		
□Other	□ Other	Other	<u></u>	□Other
□Manager	Name:	∏Manager	Name:	
□Member	Address:	□Member	Address:	<u></u>
□Authorized		□Authorized		
Person	·	Person	_	
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□.Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<u>.</u>	<u>. </u>
□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 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.

/s/ Robert Forsythe	
Signature of an authorized person	
Robert Forsythe	
Typed or printed name of signee	

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Page 1

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

DELANARE, DO HEREBY CERTIFY "TLV RE MF V FREEPORT II OWNER, 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 FIFTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLV RE MF V FREEPORT II OWNER, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2023.

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

7492578 8300

SR# 20232664568

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

Authentication: 203482190

Date: 06-05-23