

M230000015894

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000432138 3)))



H230004321383ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: dan.bolles@dominiuminc.com

RECEIVED

2023 DEC 20 AM 10:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FL

2023 DEC 20 PM 3:34

FILED

Foreign Limited Liability Company
FORT MYERS ACQUISITIONS TIC-IV LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

DocuSign Envelope ID: 23B8770A-2323-44A2-A4F5-D23A455D4711

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:

1. Fort Myers Acquisitions TIC-IV, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLCO.")

2. Minnesota (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration; (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2905 Northwest Blvd, Suite 150 (Street Address of Principal Office)
Plymouth, MN 55441
6. 2905 Northwest Blvd, Suite 150 (Mailing Address)
Plymouth, MN 55441

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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.

By: C T Corporation System (Registered agent's signature)
Kaity Toon, Asst. Secretary

FILED
2023 DEC 20 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: 23BB770A-2323-44A2-A4F5-D23A455D4711

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Paul R. Sween</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Terrence M. Sween</u>
<input type="checkbox"/> Member	Address: <u>2905 Northwest Blvd</u>	<input type="checkbox"/> Member	Address: <u>2905 Northwest Blvd</u>
<input type="checkbox"/> Authorized Person	<u>Suite 150</u> <u>Plymouth, MN 55441</u>	<input type="checkbox"/> Authorized Person	<u>Suite 150</u> <u>Plymouth, MN 55441</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

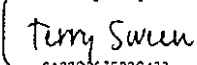
<input checked="" type="checkbox"/> Manager	Name: <u>Mark S. Moorhouse</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Nicholas C. Andersen</u>
<input type="checkbox"/> Member	Address: <u>2905 Northwest Blvd</u>	<input type="checkbox"/> Member	Address: <u>2905 Northwest Blvd</u>
<input type="checkbox"/> Authorized Person	<u>Suite 150</u> <u>Plymouth, MN 55441</u>	<input type="checkbox"/> Authorized Person	<u>Suite 150</u> <u>Plymouth, MN 55441</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Timothy S. Allen</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2905 Northwest Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Suite 150</u> <u>Plymouth, MN 55441</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.


 6A23D267E23C433

 Signature of an authorized person

Terrence M. Sween

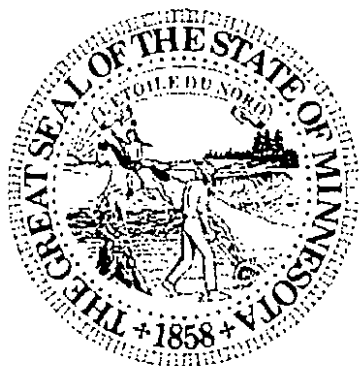
 Typed or printed name of signer

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Fort Myers Acquisitions TIC-IV, LLC
Date Filed:	12/18/2023
File Number:	1437765200022
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/18/2023



Steve Simon

Steve Simon
Secretary of State
State of Minnesota