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If there are any issues please contact Cheyanne at 850-202-1882

Date: 03/26/2	<u>2025 </u>	
Name: Ovidsh	iel Occean Jr.	
Reference #:	2699338	
Entity Name:	TLH TD EG	UITIES III, LLC
✓ Articles of Incom	rporation/Authorization t	o Transact Business
Amendment		
Change of Age	nt	
Reinstatement		
☐ Conversion		
Merger		
☐ Dissolution/Wit	hdrawal	
Fictitious Name	:	
Other		
Authorized Amount:	\$125.00	
Signature:	aun Ju	

F: 800.944.6607

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:

	ted Liability Company, must include "Limited Liab	,	S. 11151 7		
ame unavailable, enter alternate name a	dopted for the purpose of transacting business in Florida. Th	e alternate name must include	"Limited Liability Company," "	L L.C," or "LI	.C,")
De	laware	3.			
(Jurisdiction under the law of which fo	oreign limited liability company is organized)	<i></i>	(FEI number, if applicable)		_
	upon filing				
	(Date first transacted business in Florida, if prior to registrat (See sections 605.0904 & 605.0905, F.S. to determine pena	ion) lty liability)			
500 Frank W. Burr Blvd.			ank W. Burr Blvd	i.	
(Street Address of Principal Office)		5(i	Mailing Address)		_
Teaneck, NJ 07666		Tear	neck, NJ 07666		
				25	INIC S
Name and street address of	Florida registered agent: (P.O. Box NO	<u>r</u> acceptable)		### 2r	-3000 -3000
	Cogency Global Inc.			PH	Car Sixi
Name:					
Name:	115 North Calhoun St. Suite 4			Ţ	
	115 North Calhoun St. Suite 4 Tallahassee		32301	Ġ	
		, Florida	32301 (Zip code)	Ħ	

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: APH Equities Holdings, LLC **X**Manager Name: _____ 500 Frank W. Burr Blvd. Member Address: Address: Ste 720 ■Authorized Authorized Teaneck, NJ 07666 Person Person Other Other Other Other 1 | Manager Manager Address: ____ Address: ____ ∐ Member Member Authorized Authorized Person Person Other___ Other_____ Other____ Other Name: _____ Name: ____ Member | | Member Address: 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. Nonindexed 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. Klus Smith Signature of the huthorized person

Rhys Smith

Typed or printed name of signee

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "TLH TD EQUITIES III, 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-SIXTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLH TD EQUITIES III, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

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

and a second sec

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 203272316

Date: 03-26-25