

B220 00000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

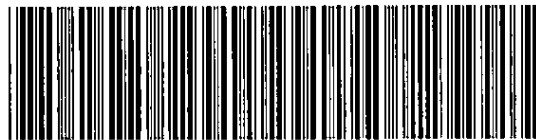
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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STATE
TALLAHASSEE, FLORIDA
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S. HAWKES

JAN 13 2021

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/13/2022

Acc#120160000072

W: C D W

Name:	Sun TTSI, L.P.
Document #:	
Order #:	14094497

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1052.50

Thank you!

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Sun TFSI, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Cayman Islands

State or Country of Formation

3. 12/21/2021

Date of Formation

4. Federal Employer Identification Number: 98-1643452

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. 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:

[Signature]
Signature of Registered Agent

7. Principal Office:

5200 Town Center Cir.

4th Flr.

Boca Raton, FL 33486

8. Mailing Address:

5200 Town Center Cir.

4th Flr.

Boca Raton, FL 33486

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Sun Holdings VII, LLC

Name of General Partner: _____

Street Address: 5200 Town Center Cir., 4th Flr.

Street Address: _____

Boca Raton, FL 33486

Mailing Address: 5200 Town Center Cir., 4th Flr.

Mailing Address: _____

Boca Raton, FL 33486

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

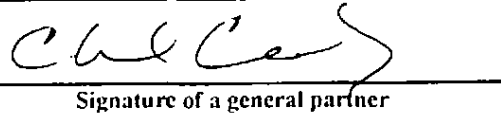
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 12th day of January, 2022



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

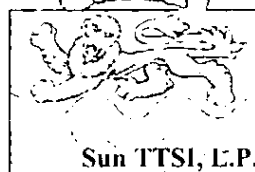
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

MC-116019

Certificate of Good Standing of a Partnership

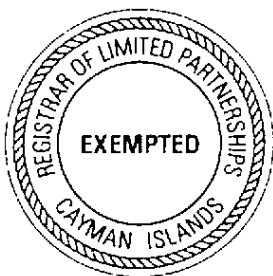
TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that



a partnership duly organized and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in Good Standing with this office, and duly authorized to exercise therein all the powers vested in the partnership.

Given under my hand and Seal at George Town in the
Island of Grand Cayman this 12th day of January
Two Thousand Twenty-Two



An Authorised Officer
Registrar of Partnerships
Cayman Islands.

Authorisation Code : 433543889813
www.cayman.gov.ky
12 January 2022