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	Phone	: (855)498-5500	
	Fax Number	: (800)432-3622	
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Foreign Limited Liability Company THIRD LAKE OP RETURN STRATEGY II GP, LLC

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COVER LETTER

A	Third Lake OP Return Strategy II GP, LLC		
SOBJECT	Nam	ne of Limited Liability Company	
The enclosed ' Existence, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida	
Please return a	all correspondence concerning this matter t	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		
	C	City/State and Zip Code	
	rforsythe@thirdlake.com		
	E-mail address: (to be	e used for future annual report notification)	
For further infe	formation concerning this matter, please ca	Di:	
Robe	ert Forsythe	813 497.8100 at()	
•	Name of Contact Person	Area Code Daytime Telephone Number	
Malling Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	osed is a check for the following amount: e make check payable to: FLORIDA DEF		
□ \$ 1:	25.00 Filing Fee \$130.00 Filing Fe Certificate o		

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: Third Lake OP Return Strategy II GP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.") 87-1783126 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) July 13, 2021 (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-A 1600 E. 8th Avenue, Suite A132-A (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) Robert Forsythe Name: 1600 E. 8th Avenue, Suite A132-A Office Address: Tampa 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. /s/ Robert Forsythe (Registered agent's signature)

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]:

litle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
■Manager	Name: Robert Forsythe	■Manager	Name: Kenneth P. Jones
∃Member	Address:	□Mcmber	Address: 1600 E. 8th Avenue
∃Authorized	Suite A132-A	□Authorized	Suite A132-A
Person	Tampa, Florida 33605	Person	Tampa, Florida 33605
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
□ Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□ Other	Other	□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.

/s/ Robert Forsythe	
 Signature of an authorized person	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THIRD LAKE OP RETURN STRATEGY II GP,

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 TWELFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THIRD LAKE OP RETURN STRATEGY II GP, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2021.

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

Authentication: 204390624

Date: 10-12-21