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Office Use Only

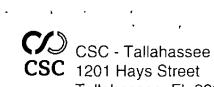


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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/06/23

Order #: 1220147-3

Re: 5730 Central FI Pkwy Trs LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 120000000195 Minderson

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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	5730 Central FL Pkw						
••	(Name of Foreign	Limited Liability Company: must include "Limite	d Liabilit	ty Company," "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·		_
<u>(li</u>	name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The a	alternate name must include "Limited Liabil	ity Company," "L	L C," or "L	I.C.")
2.	Delaware (Junsdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number	, if applicable)	<del></del>	_
4.	N/A						
٦.		(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty	n) liability)			
5.	44 Hersha Drive	rncipal Office)	6.	Two Commerce Square	·s>		_
	Harrisburg, PA 1710	2		2001 Market Street, 35th Floor			
				Philadelphia, PA 19103	·		_
7.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	 :>.	2023	
	Name:	Corporation Service Company				9- HUL (	te tres d ( c res car o
	Office Address:	1201 Hays Street	_	<u> </u>		~ <u>0</u>	)
		Tallahassee		32301 , Florida	. <u>.</u> .	2:51	کوی ۳
		(City)		(Zip code)			

## 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.

Corporation Service Company

By:

(Registered agent's signature)

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Naveen Kakarla Manager Manager Name: Address: \_\_\_\_ Member Member | Address: 2001 Market Street, 35th Floor Authorized Authorized Philadelphia, PA 19103 Person Person Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ Manager Manager | Name: \_\_\_\_\_ Member Address: Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other Other\_\_\_\_ Manager Name: \_\_\_\_\_ Manager Manager Name: \_\_\_\_\_ Member Address: \_\_\_\_\_ Member 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. Naveen Kakarla (Jun 6, 2023 10:50 EDT) Signature of an authorized person Naveen Kakarla

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "5730 CENTRAL FL PKWY TRS 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 SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5730 CENTRAL FL

PKWY TRS LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2023.

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

Authentication: 203492520

Date: 06-06-23