# Baa000000303

(F	Requestor's Name)			
(Address)				
( <i>F</i>	Address)			
(0	Dity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
. (E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer				





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T. LEMIEUX

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500				
ACCOUNT NO. : I2000000195				
REFERENCE : 640373 4305966				
AUTHORIZATION : Louell Clara				
COST LIMIT : (\$ 1000.00				
ORDER DATE: April 26, 2022				
ORDER TIME : 1:31 PM				
ORDER NO. : 640373-010				
CUSTOMER NO: 4305966				
FOREIGN FILINGS				
NAME: TSO TAMIAMI GENERAL PARTNER, LP				
XXXX QUALIFICATION (TYPE: CO)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TSO Tamiami General Partner, LP		
Name of Foreign Limited Partn	ership or Limited	d Liability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida.  Please return all correspondence concerning this mat		to register a foreign limited partnership or limited liability limited
Jan R. Ezell, Corporate Paralegal		
Contact Person		
Alston & Bird LLP		
Firm/Company		
1201 West Peachtree Street		
Address		<del></del>
Atlanta, GA 30309-3424		
City, State and Zip Code		
compliancemail@cscglobal.com		<u></u>
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, pleas	e call:	
Jan R. Ezell	404 at (	881-7442
Name of Contact Person	Area Code	and Daytime Telephone Number
Enclosed is a check for the following amount:		
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  □\$1,008.75 Filing Fees and Certificate of Status	□\$1.052.50 Fi and Certific	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TO TRANSACT BUSINESS IN FLORIDA TSO Tamiami General Partner, LP (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 LLLP. 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. ຸ Georgia State or Country of Formation **Date of Formation** 88-1897346 4. Federal Employer Identification Number. 5. Name of Registered Agent for Service of Process and Florida Street Address; Corporation Service Company 1201 Hays Street Tallahassee, FL 32301 6. Thereby 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. Mixis Weiterd, assistant va practical Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1170 Peachtree Street, Suite 2000 1170 Peachtree Street, Suite 2000 Atlanta, GA 30309 Atlanta, GA 30309 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: TSO Tamiami GP SPE, Inc. Name of General Partner: Name of General Partner: 1170 Peachtree Street, Suite 2000 Street Address: Street Address: Atlanta, GA 30309 \_\_\_\_\_ Mailing Address:\_\_\_\_ Name of General Partner:\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

#### Page 1 of 2

Name of Ger	neral Partner:	Name of General Partner:	
Street Addre	ss:	Street Address:	
Mailing Add	ress:	Mailing Address:	
Note: If the date document's effect 12. Attached is a	inserted in this block does not meet the etive date on the Department of State's recentificate of existence duly authenticate ent of State, by the Secretary of State or	after the date this document is filed by the Florida Department of Sapplicable statutory filing requirements, this date will not be listed ecords.  ed. not more than 90 days prior to the delivery of this application to other official having custody of the entity's records in the jurisdiction.	as the
	day of April	20	
	Sig (See attached gring this document affirms that the factocument to the Department of State cons Filing Fees:  Certified Copy (optional):	is stated herein are true and the individual is aware that false information at third degree felony as provided for in s.817.155, F.S.  \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50	nation
		\$52.50	

Page 2 of 2

## ATTACHMENT TO APPLICATION FOR REGISTRATION FOR TSO TAMIAMI GENERAL PARTNER, LP

TSO TAMIAMI GENERAL PARTNER, LP

By: TSO Tamiami GP SPE, Inc., its General Partner

By: /s/ A. Boyd Simpson

A. Boyd Simpson, President

Control Number: 22087685

#### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### TSO Tamiami General Partner, LP a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23155225 Date Inc/Auth/Filed: 04/05/2022 Jurisdiction : Georgia Print Date : 04/28/2022

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State

#### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TSO Tamiami General Partner, LP			
	nership or Limit	ed Liability Limited Partnership	
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Contact Person		<del></del>	
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Address		<del></del>	
Atlanta, GA 30309-3424			
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compliancemail@cscglobal.com			
E-mail address: (to be used for future annual repo	rt notification)	<del></del>	
For further information concerning this matter, plea	se call:		
Jan R. Ezell	404	. 881-7442	
Name of Contact Person	at (	le and Daytime Telephone Number	
Enclosed is a check for the following amount:			
■\$1,000,00 Filing Fee	□\$1,052.50 and Certif	Filing Fees	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314