# P400000049

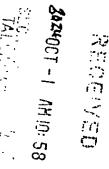
(Re	questor's Name)	
(Ad-	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	#)
☐ SICK-NЪ	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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## **Filing Cover Sheet**

Amendment ( )	
Annual Report ( )	
Fictitious Name ( )	M
Limited Liability ( )	Ö
Merger ( )	
Withdrawal / Cancellation ( )	
Partnership Registration ( )	
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	Annual Report ( )  Fictitious Name ( )  Limited Liability ( )  Merger ( )  Withdrawal / Cancellation ( )  Partnership Registration ( )

Phone: 855-498-5500



Trans#: 1497677

## **Filing Cover Sheet**

To: Florida Division of Corporations
From: LESLIE SELLERS C/O Capitol Services, Inc.
Date: 10/1/2024

**Entity Name: PG ST. AUGUSTINE DST** 

Articles of Organization ( )	Amendment ( )	
Articles of Dissolution ( )	Annual Report ( )	
Conversion ( )	Fictitious Name ( )	
Foreign Qualification (XXX)	Limited Liability ( ) $\frac{S}{100}$ $\equiv$ $\frac{1}{100}$	
Limited Partnership ( )	Merger ( )	
Reinstatement ( )	Withdrawal / Cancellation ( )	
Other (XXX) **TRUST	Partnership Registration ( )	

STATE FEES PREPAID WITH CHECK # 4181 FOR \$358.75

### **PLEASE RETURN:**

Certified Copy (XXX) Plain Stamped Copy ( )
Good Standing ( ) Certificate of Fact ( )

## TO FILE OR QUALIFY PG St. Augustine DST

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE

PG St. Augustine DST	
A Delaware statutory TRUST	
In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of	
(State) PG St. Augustine DST in the State of Florida.	
(Name of Trust)	
1. Two or more persons are named in the Trust.	
Atlanta, GA 30326	
3. The registered agent and street address in the State of Florida is:  Capitol Corporate Services, Inc.	
515 East Park Avenue 2nd FL	
Tallahassee, FL 32301	
4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.  Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.	
(Signature of Registered Agent)	
5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.	
Name: Chris Sorensen  Manager of Sorensen Entity Services LLC, a trustee  PUBLIC REG # 7918898 MY COMMISSION EXPIRES Salanger of Sorensen Entity Services LLC, a trustee  County/City of Christoff Ud  Commonwealth/State of Virginia  The foregoing instrument was acknowled  Certified Copy: \$ 8.75 (optional) before me this	M i
Twas commissioned a notary public Christopher Sorunse Caro of persol speking go nowleggement of Motory Public Notary Public	n_ 1,0

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF 'PG ST. AUGUSTINE DST' AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF STATUTORY TRUST REGISTRATION, FILED THE THIRTIETH DAY OF SEPTEMBER, A.D. 2024, AT 9:16 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID STATUTORY TRUST, 'PG ST. AUGUSTINE DST'.

Authentication: 204512008 Date: 09-30-24

5312805 8100H SR# 20243819109

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:16 AM 09/30/2024
FILED 09:16 AM 09/30/2024
SR 20243814767 - File Number 5312805

#### CERTIFICATE OF TRUST

**OF** 

### PG ST. AUGUSTINE DST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (12 Del. C. Section 3801 et seq.) and sets forth the following:

First:

The name of the statutory trust is PG St. Augustine DST.

Second:

The name and business address of the trustee (meeting the requirements of subsection 3807) is Sorensen Entity Services LLC, 1201 N. Orange Street, Suite

7044, Wilmington, Delaware 19801, County of New Castle.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Trust this 30th day of September, 2024.

SORENSEN ENTITY SERVICES LLC

Not in its individual capacity but solely as

Delaware Trustee

By:

Name: Chris Sorensen

Title:

Manager

PG ST. AUGUSTINE MANAGER, LLC, a

Delaware limited liability company, its Administrative Trustee

By: Peachtree Hotel Group II, LLC, a

Georgia limited liability company

By: /s/ Jatin Desai

Name: Jatin Desai Title: Manager

