F21000001961

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 750174 4354355

7X

AUTHORIZATION

COST LIMIT : \$ '70\00

ORDER DATE : April 8, 2021

ORDER TIME : 9:0 AM

ORDER NO. : 750174-005

CUSTOMER NO: 4354355

FOREIGN FILINGS

NAME: TRAMMELL CROW BROKERAGE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

_	tration Section ion of Corporations		
SUBJECT:	Trammell Crow Brokerage, Inc.		
Jobale I.	Name of corpor	ation - must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or M	adam:		
"Certificate o	"Application by Foreign Corporation f Existence," or "Certificate of Good ced foreign corporation to transact by	Standing" and check are submi	
Please return	all correspondence concerning this n	natter to the following:	
Rebecca M. Sa	avino		
	Nam	e of Person	
Trammell Cro	w Company		
	Firm	/Сотралу	
2100 McKinne	ey Ave Ste 800		
	1	Address	
Dallas, TX 75	201		
	City/St	ate and Zip code	
bsavino@tram	imellcrow.com		
	E-mail address: (to be a	ised for future annual report not	tification)
For further in	formation concerning this matter, ple	ase call:	
	at (Code Daytime Telepho	
Nam	e of Person Area	Code Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
	check for the following amount: neck payable to: FLORIDA DEPARTM ing Fee	IENT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of a	orporation; must include "INCORPORATED,"	"COMPANY " "CORPORATION "	
	orp," "Inc," "Co," or "Corp.")	COMPANT, CORPORATION,	
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting bu	siness in Florida)
Delaware	3	30-0705850	
(State or count	y under the law of which it is incorporated)	(FEI number, if application	able)
11/17/2011	5		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	(Date first transacted business in		· · · · · · · · · · · · · · · · · · ·
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)	
2100 McKinney	Ave Ste 800, Dallas, TX 75201		
	(Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	
	•		
Name and stre	(Current mailing et address of Florida registered agent: (P.O.		202
Name and stre	•		2021 AI
Name:	et address of Florida registered agent: (P.O. Corporation Service Company		2021 APR -
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street		2021 APR -9
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	Box NOT acceptable) Florida 32301	•
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street		•
Name: ffice Address:	Corporation Service Company 1201 Hays Street Tallahassee (City)	Box NOT acceptable) Florida 32301	2021 APR -9 AN 10: 2
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance:	Box NOT acceptable) , Florida 32301(Zip code)	AH 10: 27
Name: ffice Address: Registered ag aving been nanesignated in this	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated coent as registered agent and agree to	Proporation at the place of act in this capacity.
Name: ffice Address: Registered aglaving been nanesignated in this	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes red	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated coent as registered agent and agree to lative to the proper and complete p	Proporation at the place of act in this capacity.
Name: ffice Address: Registered aglaving been nanesignated in this	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointment	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated coent as registered agent and agree to lative to the proper and complete p	Proporation at the place of act in this capacity.
Name: ffice Address: Registered ag aving been nan esignated in this arther agree to a nd I am familia	cet address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ined as registered agent and to accept services application, I hereby accept the appointment of application of all statutes registered and accept the obligations of my possible with and accept the obligations of my possible comply with the provisions of my possible complexity.	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated coent as registered agent and agree to lative to the proper and complete pition as registered agent.	Proporation at the place of act in this capacity.
Name: Office Address: Registered aglaving been namesignated in this arther agree to and I am familia.	cet address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ined as registered agent and to accept services application, I hereby accept the appointment of application of all statutes registered and accept the obligations of my possible with and accept the obligations of my possible comply with the provisions of my possible complexity.	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above stated coent as registered agent and agree to lative to the proper and complete p	Proporation at the place of act in this capacity.

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

A. DIRECTORS Lisa Sher Adam Weers □ Chairman Name: Chairman 2100 McKinney Ave Ste 800 2100 McKinney Ave Stc 800 Address: Address: ☐ Vice Chairman ☐ Vice Chairman Dallas, TX 75201 Dallas, TX 75201 ■Director ■ Director □President President □Vice President ☐ Vice President Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other _____ □Other _____ □Other _____ Michael J. Lafitte Name: _____ Lisa Sher □ Chairman □ Chairman 2100 McKinney Ave Ste 800 2100 McKinney Ave Ste 800 □ Vice Chairman Address: Address: □ Vice Chairman Dallas, TX 75201 Dallas, TX 75201 □ Director □Director President □ President ☐ Vice President ■ Vice President □ Secretary □ Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ ☐ Other ______ Other _____ Brendon Dedekind Name: Rebecca M. Savino □Chairman □ Chairman 200 S Orange Ave Ste 2100 2100 McKinney Ave Ste 800 Address: Address: □Vice Chairman ☐ Vice Chairman Orlando, FL 32801 Dallas, TX 75201 □Director □Director ☐ President □ President ■ Vice President □ Vice President □ Secretary ☐ Treasurer **■**Secretary ☐ Treasurer □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 tiling your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

, Rebecca M. Savino, Secretary



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

DELAWARE, DO HEREBY CERTIFY "TRAMMELL CROW BROKERAGE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAMMELL CROW BROKERAGE, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202924004

Date: 04-08-21

5067497 8300 SR# 20211225635