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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 640373 4305966 AUTHORIZATION COST LIMIT ORDER DATE: April 26, 2022 ORDER TIME : 1:31 PM ORDER NO. : 640373-005 CUSTOMER NO: 4305966 FOREIGN FILINGS NAME: TSO TAMIAMI GP SPE, INC. 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

	gistration Section vision of Corporations				
SUBJEC'	r. TSO Tamiami GP SPE, Inc.				
o botte		of corporation	- must include suffix		
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign Co c of Existence," or "Certificate renced foreign corporation to to	of Good Stand	ling" and check are sub		
Please retu	rn all correspondence concerni	ng this matter	to the following:		
Jan R. Ezell	l, Corporate Paralegal				
		Name of I	Person	_	
Alston & B	ird LLP				
	 -	Firm/Comp	pany		
1201 West	Peachtree Street				
		Addre	SS		
Atlanta, GA	30309-3424				
		City/State ar	id Zip code		
compliance	mail@cscglobal.com				
	E-mail address	: (to be used fo	or future annual report n	otification)	
For further	information concerning this m	atter, please ca	all:		
Jan R. Ezell		404 at (_) 881-7442		
Na	ame of Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	a check for the following amoreheck payable to: FLORIDA DIFiling Fee	EPARTMENT g Fee & 🗆 🗆	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.

TSO Tamiami (3P SPE, Inc.		
	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	dopted for the purpose of transacting business in Florida)	
Georgia	3 8	38-1885153	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150	florida, if prior to registration) 2, F.S., to determine penalty liability)	
1170 Peachtree S	treet, Suite 2000, Atlanta, GA 30309		
	(Principal office	e street address)	
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable) Florida 32301 (Zip code)	
Office Address:	1201 Hays Street	APP	
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
laving been nam lesignated in this urther agree to c	application, I hereby accept the appointme	e of process for the above stated corporation at the old ent as registered agent and agree to act in this capacitative to the proper and complete performance of my	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS A. Boyd Simpson Melody Mann-Simpson □ Chairman □ Chairman 1170 Peachtree Street, Suite 2000 1170 Peachtree Street, Suite 2000 □ Vice Chairman Address: □Vice Chairman Address: Atlanta, GA 30309 Atlanta, GA 30309 ■ Director □ Director President □ President □ Vice President ☐ Vice President ☐Treasurer □ Secretary ■ Secretary ☐ Treasurer □Other _____ □Other _____ □Other ____ Other ☐ Chairman Name: _____ ☐ Chairman Name: □Vice Chairman Address: ______ □ Vice Chairman Address: □Director □Director □President President □Vice President _____ ☐ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □Other ____ ☐ Other _____ □Other _____ Other ____ □Chairman Name: ______ □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: □ 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 filing your Florida Department of State Annual Report form. 12. /s/ A. Boyd Simpson 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. A. Boyd Simpson, President

Control Number: 22087682

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 GP SPE, Inc. a Domestic Profit Corporation

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 : 23155219 Date Inc/Auth/Filed: 04/05/2022 Jurisdiction : Georgia Print Date : 04/28/2022

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State