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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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BORETARY OF STATE

K. SALY EXAMINER APR 2 9 2013 CR2E027 (9/10)

COVER LETTER

TO:

Registration Section
Division of Corporations

_{вивјест:} Fogelman Management Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephanie Joyner
Name of Person
Fogelman Management Group, LLC
Firm/Company
5400 Poplar Avenue, Suite 200
Address
Memphis, TN 38119
City/State and Zip Code
sjoyner@fogelman-properties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Joyner

901 762-676

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY SINESS IN THE STATE OF FLORIDA:

₁ Fogelman	Management Group, LLC preign Limited Liability Company; mu)			.L.C.," or "LLC.")	_	
(()	g,,,			, , , , , , , , , , , , , , , , , , ,	, 0, 550,		
	e, enter alternate name adopted for the agers or managing members adopting "LLC.")						n
_{2.} Tennesse	e	3 6	2-167956	8			
(Jurisdiction und company is organ	er the law of which foreign limited lia nized)	ability	(FEI	number, if ap	plicable)	_	
4 3/10/199	7	_{5.} P	erpetual				
•••	Date of Organization)	<i>J.</i> <u>−</u> (1	•	imited liability al")	company will cease to	_	1
6					TASE 3	•	•
	(Date first transacted busine (See sections 608.501 & 608.	ss in Florida, 502 F.S. to de	if prior to registi termine penalty	ration.) liability)	CRE	000	1
_{7.} 5400 Por	olar Avenue, Suite 200)			ASE C	35	<u>.</u>
Memphis	s, TN 38119				SEE. F	PH	0
	(Street A	Address of Pri	ncipal Office)		ST.	₹.	
8. If limited liab	bility company is a manager-ma	anaged comp	oany, check h	ere 🖳	A CONTRACTOR	©	
9. The name an	d usual business addresses of th	ne managing	members or	managers a	re as follows:		
Richar	d K. Fagelman	5400	Applar =	#200	Memphio	ZJ ŝ	18119
Mark	A. Fogelman	5400	Applar	# 200	Memphis	M	3 8119
John	A. Randles, TIT	2400	Poplar	#200	Memphis	TN	3& H9
the jurisdiction und	original certificate of existence, no more er the law of which it is organized. (A partificate under oath of the translator mus	photocopy is n	ot acceptable. If				sin
11. Nature of bi	usiness or purposes to be condu	cted or pror	noted in Flor	ida:			
Real Esta	ate Management					_	
	Thua Rand	les a					
<i>(</i> -	\$ignature of a member of		-				
	accordance with section 608,408(3), F.S., nalties of perjury that the facts stated here						
do	ocument to the Department of State co	nstitutes a thir	d degree felony	as provided fo	or in s.817.155, F.S.)		
	Typed or	printed nam	といいろ、」 le of signee	<u> </u>			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name	e of the Limited Liability Com	• •		
<u>to</u>	gelman Man	agenest (Soup LLC	
f unavailab	le, the alternate to be used in the	ne state of Florida is		
. The name	e and the Florida street address	of the registered ag	ent and office are:	<u> </u>
	C T Corporation S	System		
	 	(Name)		
	1200 S Pine Isla	and Road		
	Florida Street Ad	idress (P.O. Box NOT A	ACCEPTABLE)	
	Plantation,	FL	33324	
		City/State/Zip		
iability com egistered as tatutes rela	n named as registered agent and pany at the place designated in gent and agree to act in this cap ting to the proper and complete bligations of my position as reg C T Corporation S	this certificate, I he pacity. I further agre performance of my istered agent as pro	reby accept the appointmen se to comply with the provis duties, and I am familiar w	nt as sions of ith and
	By: Jan M.	U)_ Jam	<u>ies M. H</u> alpin	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Assistant Secretary



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE. 6th FL Nashville, TN 37243-1102

FOGELMAN PROPERTIES

April 16, 2013

STE 200 5400 POPLAR AVE MEMPHIS, TN 38119-3670

Request Type: Certificate of Existence/Authorization

Issuance Date: 04/16/2013

Request #:

0094791

Copies Requested:

Document Receipt

Receipt #: 1033094

Filing Fee:

\$20.00

Payment-Check/MO - FOGELMAN PROPERTIES, MEMPHIS, TN

\$20.00

Regarding:

FOGELMAN MANAGEMENT GROUP, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 03/10/1997

Status:

Active

Duration Term:

Expires: 03/10/2047

Business County: SHELBY COUNTY

Control #:

326876

Date Formed:

03/10/1997

Formation Locale: TENNESSEE

Verification #: 002863829

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FOGELMAN MANAGEMENT GROUP, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/