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(Requestor's Name)

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(Address)

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2015 SEP 17 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 18 2015  
J. HARRIS



September 16, 2015

**VIA OVERNIGHT DELIVERY**

Florida Secretary of State  
Corporations Division  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Foreign LLC Qualification  
--TP-LBV, LLC**

Dear Sir or Madam:

Enclosed please find a completed application for qualification of a foreign limited liability company for the above-referenced company.

Additionally, you will find a check in the amount of \$125 to cover the filing fee and registered agent fee for each of these companies.

If you have any questions, or require any additional information, please contact me at (678) 227-3209 or [clay@lacimallc.com](mailto:clay@lacimallc.com).

Very truly yours,

A handwritten signature in black ink, appearing to read 'Clay C. Mingus'.

CLAY C. MINGUS  
Chief Legal Officer

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TP-LBV, 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:

Clay C. Mingus

\_\_\_\_\_  
Name of Person

TP-LBV, LLC

\_\_\_\_\_  
Firm/Company

3365 Piedmont Road, N.E., Suite 1050

\_\_\_\_\_  
Address

Atlanta, GA 30305

\_\_\_\_\_  
City/State and Zip Code

clay@LaCimaLLC.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clay C. Mingus

404

618-0105

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. TP-LBV, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
TP-Lake Buena Vista, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-2905682  
(FEI number, if applicable)
4. Once authorization is granted  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3365 Piedmont Road N.E., Suite 1050  
Atlanta, GA 30305  
(Street Address of Principal Office)
6. 3365 Piedmont Road N.E., Suite 1050  
Atlanta, GA 30305  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agent Solutions, Inc.
- Office Address: 155 Office Plaza Drive, Suite A  
Tallahassee, Florida 32301  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby 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.*

LaCima U. C. Asst. Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

La Cima TP, LLC, Sole Member, 3365 Piedmont Road N.E, Suite 1050, Atlanta, GA 30305

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Clay C. Mingus  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any 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.

Clay C. Mingus

Typed or printed name of signer

# 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, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**TP-LBV, LLC**

**a Domestic Limited Liability Company**

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	: 12163392
Date Inc/Auth/Filed	: 08/05/2014
Jurisdiction	: Georgia
Print Date	: 9/16/2015
Form Number	: 211



Brian P. Kemp  
Secretary of State