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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 244257 4319404

AUTHORIZATION: Spelle Real

COST LIMIT : \$ 160.00

ORDER DATE: August 4, 2016

ORDER TIME : 3:04 PM

ORDER NO. : 244257-005

CUSTOMER NO: 4319404

## FOREIGN FILINGS

NAME: TGC SANFORD, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## 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:

Liability Company," "L.L.C,	Ilternate name adopted for the purpose of transacting be," or "LLC.")	usiness in Florida. The alternate na	me must include "Limited
2. Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	c)
4.			
	(Date first transacted business in Florida, if p. (See sections 605.0904 & 605.0905, F.S. to dete	rior to registration.)	
5. 777 South Flagler Driv	ve, Phillips Point Suite 136E		<del></del>
West Palm Beach, FL			<u>.</u>
	(Street Address of Principal Office)	•	
6. 777 South Flagler Driv	re, Phillips Point Suite 136E		
West Palm Beach, FL	33401		<b>5</b>
<u>-</u>	(Mailing Address)		
7 Name and street addres	ss of Florida registered agent: (P.O. Box NOT a	ccentable)	33.7
	Corporation Service Company	e e più cie y	Miles the same
Name:		<del></del>	m s P
Office Address:	1201 Hays Street		95 <b>6</b> 5
	Tallahassee	, Florida 32301	and the second
	(City)	(Zip code)	– ½ eu
designated in this application to comply with the provision to the provision of the provisi	gistered agent and to accept service of process fation, I hereby accept the appointment as register ons of all statutes relative to the proper and commy position as registered agent.	red agent and agree to act in the applete performance of my dutie	his capacity. I further agree
	(Registered agent's signa	ture) Asst	Vice President
	(Registered aggreet angua		
8. The name, title or capa	acity and address of the person(s) who has/have a	uthority to manage is/are:	rice i resident
,	V	uthority to manage is/are:	
,	acity and address of the person(s) who has/have a	uthority to manage is/are:	

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.

Doranne M. Garvin, Vice President, Goodman Properties, Inc.

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TGC SANFORD, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGC SANFORD,

LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2016.

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

6114405 8300

SR# 20165219147

Authentication: 202771870

Date: 08-03-16