MACCOCCIOS

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #		
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)		
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·	
Certified Copies Certificates of Status			
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3/11/19 00

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 675110 4301683

AUTHORIZATION :

COST LIMIT : \$/160.00

ORDER DATE: March 7, 2019

ORDER TIME : 3:06 PM

ORDER NO. : 675110-005

CUSTOMER NO: 4301683

FOREIGN FILINGS

NAME: TGM HARBOR BEACH SERVCO 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: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: _	Na Na	ume of Limited Liability	Company	_	
	"Application by Foreign Limited Liability I check are submitted to register the abov				
Please return a	all correspondence concerning this matter	to the following:			
	VETA BILLS		_	. 7	
		Name of Person		}5 ⊑is ==	f_{i}
	TGM COMMUNITIES LLC			· 英国	
		Firm/Company	U.	ြင့်	
	650 FIFTH AVENUE, 28TH FLOO	PR .		7) o:	O
		Address	Ž.	v: 08	
	NEW YORK, NEW YORK 10019		The second se		
		City/State and Zip Cod	e	-	
	VBILLS@TGMASSOCIATES.COM				
	E-mail address: (to	be used for future annua	al report notification)	-	
For further info	ormation concerning this matter, please c	all:			
VET	'A BILLS	212 at (830-9310		
	Name of Contact Person	Area Code	e Daytime Telephone Number	-	
Divis Regis P.O. I	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314	·	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	osed is a check for the following amount: e make check payable to: FLORIDA DE	PARTMENT OF STA	ATE		
	125.00 Filing Fee S130.00 Filing Certificate	g Fee & S155.00	0 Filing Fee & \overline{Z} \$160.00 Filing fied Copy of Status & Cer		

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

			y company, 13.17.	2 ," or "LEC.")		
(If name unavailable, enter alternate in	ame adopted for the purpose of transacting business in Fic	orida The a	itemate name must incl	ude "Limited Liability Company	""L.L.C." or "L.	
NEW YORK		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5504503	one summer summy company.	1.00	,
2		3.	3304303			
(Jurisdiction under the law of wh	nich foreign limited hability company is organized)			(FEI number, if applicable	2619	
4						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty	i) liability)	· .	ا	
650 FIFTH AVENUE		6.	650 FIFTH A	VENUE, 28TH FLOO	R	1 3
(Street Address of P	rincipal ()flice)	-,		(Mailing Address)		- t
NEW YORK, NEW Y	ORK 10019		NEW YORK,	NEW YORK 10019	b: 08	
7. Name and street addres	s of Florida registered agent: (P.O. Box	c <u>NOT</u> a	acceptable)			_
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					
	Tallahassee		, Florida	32301		
	(City)		, , i onda	(Zip code)		

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.

Corporation Service Company

(Registered agent's Lignature)

Emily Croft

Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: TGM COMMUNITIES LLC ✓ Manager Name: _____ ☐ Manager Address: 650 Fifth Avenue, 28th Floor Member Member Address: _____ _ _ _ New York, New York 10019 Authorized ■ Authorized Person Person Other Other Other__ Other_ Manager Name: _ _ _ Manager Member Address: ☐ Member Authorized Authorized Person Person . > Other Other_____ Other_ Other_ Manager Name: _____ Manager Member Address: _____ ☐ Member Address: Authorized Authorized Person Person Other Other__ Other_____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. TGM COMMUNITIES LLC BY:

John R. Gochberg, as President of VGM COMMUNITIES LLC

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that TGM HARBOR BEACH SERVCO LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/01/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of March two thousand and nineteen.

Whitney Clark

Deputy Secretary of State