

W19000009313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000086628

Office Use Only



400334883504

19 SEP 24 4:33

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2019 SEP 24 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

SEP 27 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2019

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: TCH 500 ALTON HOLDINGS, LLC
Ref. Number: W19000086628

We have received your document for TCH 500 ALTON HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 819A00019856

19 SEP 25 AM 4:36

THIS IS A 1 - 2 FILING. PLEASE PROCESS THE CANCELLATION PRIOR TO THE REGISTRATION

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

2

Date: 9/24/2019

Acc#I20160000072

mic DW

Name:	TCH 500 ALTON HOLDINGS, LLC
Document #:	
Order #:	12206920 - 14

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125.00

Thank you!

TCH 500 ALTON HOLDINGS, LLC
P.O. Box 330609
Miami, Florida 33233

September 24, 2019

Florida Department of State

Re: TCH 500 Alton Holdings, LLC
File No. T15403-226578

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TALLAHASSEE, FLORIDA

To Whom It May Concern:

I am the Authorized Representative of TCH 500 Alton Holdings, LLC, a Florida limited liability company (the "Company"). It is the intention of the Company to file an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with the Florida Department of State. The Company approves the use of the name in Florida and does not intend to revive the current inactive entity in Florida.

Very truly yours,

TCH 500 Alton Holdings, LLC, a Florida
limited liability company

By: _____

Jayne Halli, Authorized Representative

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. TCH 500 Alton Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3035943
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2665 South Bayshore Drive, Suite 1020
(Street Address of Principal Office)

6. P.O. Box 330609
(Mailing Address)

Coconut Grove, Florida 33133

Miami, Florida 33233

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAJ Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.


(Registered agent's signature)

ANN J. WILLIAMS
Special Assistant Secretary

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SECRETARY OF STATE

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]:

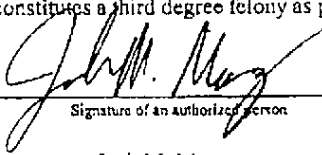
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	T 500 Alton Member, LLC		<input checked="" type="checkbox"/> Manager	Name:	Park on Fifth, LLC	
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:	2200 Biscayne Boulevard	
<input type="checkbox"/> Authorized		2665 South Bayshore Drive, Suite 1020		<input type="checkbox"/> Authorized		Miami, Florida 33137	
	Person	Coconut Grove, Florida 33133			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

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 CLERK OF DISTRICT COURT
 TALLAHASSEE, FLORIDA

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.

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.



 Signature of an authorized person
 Jack M. Maag

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TCH 500 ALTON HOLDINGS, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7192658 8300

SR# 20197188965

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203654086

Date: 09-24-19