

N 20000000451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

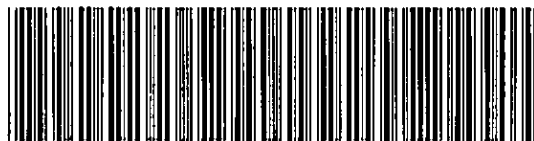
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/19--01025--012 **155.00

FILED
2019 DEC 13 PM 3:31
TALLAHASSEE FLORIDA

✓



December 12, 2019

Florida Department of State
Registration Section-Division of Corporation
P.O Box 6327
Tallahassee, FL 32314

2019 DEC 13 PM 3:31
FILED IN REGISTRATION

Re: **PPF SS 28795 North US Highway 19, LLC**

To Whom It May Concern:

On December 5, 2019, a Certificate of Formation was filed with the Delaware Secretary of State for a new entity named "**PPF SS 28795 North US Highway 19, LLC**" a copy of which is enclosed. Please also find a check for the Florida qualification fee.

Please return an official Confirmation Letter for our records for the Florida qualification of PPF SS 28795 North US Highway 19, LLC. The address in which to the confirmation letter is "3384 Peachtree Road, NE Suite 400 Atlanta, GA 30326 Attention: Alisha Trotman"

Please contact me directly with additional information regarding this qualification request at (404) 264 – 7528 (p) or (404) 264 – 7554 (f).

Sincerely,

Alisha Trotman
Executive Assistant

Enclosed: DE Certificate of Good Standing
Certificate of Formation
Certificate of Formation (stamp)



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PPF SS 28795 North US Highway 19, 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:

Alisha Trotman

Name of Person

Safeguard Operations LLC

Firm/Company

3384 Peachtree Road, Suite 400

Address

Atlanta, GA 30326

City/State and Zip Code

atrotman@safeguardit.com

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

For further information concerning this matter, please call:

Alisha Trotman

404

264 - 7528

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

2019 DEC 13 PM 3:31
TALLAHASSEE, FLORIDA

**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. PPF SS 28795 North US Highway 19, 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. Applied for _____
(FBI 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. 3384 Peachtree Road, NE
(Street Address of Principal Office)

6. 3384 Peachtree Road, NE
(Mailing Address)

Suite 400

Suite 400

Atlanta, GA 30326

Atlanta, GA 30326

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

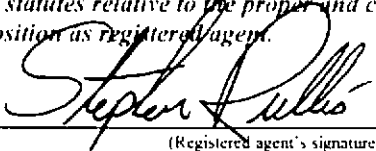
Name: CT Corporation System

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)

Stephen Rullis,
Asst. Secretary

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:**

☐ Manager Name: Safeguard Properties LLC

☒ Member Address: 3384 Peachtree Road, NE

☐ Authorized Suite 400

Person Atlanta, GA 30326

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

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

Mark B. Rinder

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PPF SS 28795 NORTH US HIGHWAY 19, 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 FIFTH DAY OF DECEMBER, A.D. 2019.

2019 DEC 13 PM 3:31
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7737144 8300

SR# 20198456617

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

Authentication: 204149552

Date: 12-05-19

Delaware

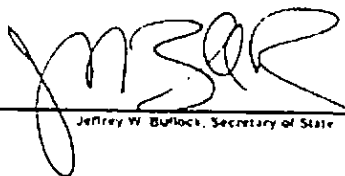
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PPF SS 28795 NORTH US HIGHWAY 19, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF DECEMBER, A.D. 2019, AT 1:27 O'CLOCK P.M.

2019 DEC 13 PM 3:31
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7737144 8100
SR# 20198456617

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

Authentication: 204149551
Date: 12-05-19

State of Delaware
 Secretary of State
 Division of Corporations
 Delivered 01:27 PM 12-05-2019
 FILED 01:27 PM 12-05-2019
 SR 20198456617 - File Number 7737144

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is PPF SS 28795 North US Highway 19, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street (street),
 in the City of Wilmington, Zip Code 19801. The
 name of the Registered Agent at such address upon whom process against this limited
 liability company may be served is The Corporation Trust Company

By: 

Authorized Person

Name: Mark B. Rinder
 Print or Type

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 2019 DEC 13 PM 3:32
 DEPARTMENT OF REVENUE
 WILMINGTON, DELAWARE