

M20000000631

(Requestor's Name)

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2020 JAN 15 PM 12:34

SBF
1/16/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 140829 4320855
AUTHORIZATION : 
COST LIMIT : \$ 155.00

ORDER DATE : January 14, 2020
ORDER TIME : 9:20 AM
ORDER NO. : 140829-040
CUSTOMER NO: 4320855

FOREIGN FILINGS

NAME: TEMPORARY HOUSING DIRECTORY,
LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Temporary Housing Directory, 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:

Lisa R. Samblanet - Paralegal

Name of Person

Ice Miller LLP

Firm/Company

250 West Street - Suite 700

Address

Columbus, OH 43215

City/State and Zip Code

lisa.samblanet@icemiller.com

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

For further information concerning this matter, please call:

Lisa R. Samblanet - Paralegal

614

462-1045

Name of Contact Person

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

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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. Temporary Housing Directory, 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. 75-2946349

(FEI number, if applicable)

4. n/a

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

5. 3308 Preston Road - Suite 350-341

(Street Address of Principal Office)

6. 3308 Preston Road - Suite 350-341

(Mailing Address)

Plano, Texas 75093

Plano, Texas 75093

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

By:

Corporation Service Company

(Registered agent's signature)

Lydia Cohen
Asst. Vice President

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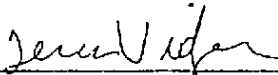
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Temporary Hearing Directory Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Temporary Hearing Directory Holdings, LLC</u>
<input type="checkbox"/> Member	Address: <u>3308 Preston Road - Suite 350-341</u>	<input checked="" type="checkbox"/> Member	Address: <u>3308 Preston Road - Suite 350-341</u>
<input type="checkbox"/> Authorized	<u>Plano, Texas 75093</u>	<input type="checkbox"/> Authorized	<u>Plano, Texas 75093</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Teresa Vidger</u>	<input type="checkbox"/> Manager	Name: <u>Elie P. Azar</u>
<input type="checkbox"/> Member	Address: <u>3308 Preston Road - Suite 350-341</u>	<input type="checkbox"/> Member	Address: <u>601 Brickell Key Dr. #700</u>
<input type="checkbox"/> Authorized	<u>Plano, Texas 75093</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33131</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Richard Leggio II</u>	<input type="checkbox"/> Manager	Name: <u>Alon Debbi</u>
<input type="checkbox"/> Member	Address: <u>601 Brickell Key Dr. #700</u>	<input type="checkbox"/> Member	Address: <u>601 Brickell Key Dr. #700</u>
<input type="checkbox"/> Authorized	<u>Miami, FL 33131</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33131</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> 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

Teresa Vidger - President

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEMPORARY HOUSING DIRECTORY, 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 FOURTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEMPORARY HOUSING DIRECTORY, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2019.

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

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Jeffrey W. Bullock, Secretary of State

7711451 8300

SR# 20200275703

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

Authentication: 202185891

Date: 01-14-20