

9/2020

Division of Corporations

Florida Department of State

Division of Corporations

Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## Foreign Limited Liability Company

**PIEDMONT FGIM JACKSONVILLE ST. JOHNS PARKWAY GW,  
LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Piedmont FGIM Jacksonville St Johns Parkway GW, 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:

R. Joseph Jackson

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

joe.jackson@metrollnacapital.com

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

For further information concerning this matter, please call:

R. Joseph Jackson

Name of Contact Person

at ( 704 ) 862-3001 ext. 2

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. Piedmont FGIM Jacksonville St Johns Parkway GW, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. North Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3961752  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 108 Gateway Blvd., Suite 104  
(Street Address of Principal Office)

6. P.O. Box 1072  
(Mailing Address)

Mooreville, NC 28117

Mooreville, NC 28115

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(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.*

Kim Tadlock

(Registered agent's signature)

Kim Tadlock, Asst Sect on behalf of  
Capitol Corporate Services, Inc.

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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):

Title or Capacity:                      Name and Address:  
☒ Manager      Name: Harry M. Tsumas  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      P.O. Box 1072  
                                 Mooreville, NC 28115  
☐ Other: \_\_\_\_\_      ☐ Other: \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☒ Manager      Name: R. Joseph Jackson  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      P.O. Box 1072  
                                 Mooreville, NC 28115  
☐ Other: \_\_\_\_\_      ☐ Other: \_\_\_\_\_

☒ Manager      Name: Kyle D. Cerminara  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      131 Plantation Ridge Dr., Suite 100  
                                 Mooreville, NC 28117  
☐ Other: \_\_\_\_\_      ☐ Other: \_\_\_\_\_

☒ Manager      Name: Lewis M. Johnson  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      9130 Galleria Court Third Floor  
                                 Naples, FL 34109  
☐ Other: \_\_\_\_\_      ☐ Other: \_\_\_\_\_

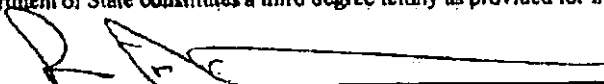
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                                 \_\_\_\_\_  
☐ Other: \_\_\_\_\_      ☐ Other: \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                                 \_\_\_\_\_  
☐ 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

R. Joseph Jackson  
\_\_\_\_\_  
Typed or printed name of signee

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# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

**PIEDMONT FGIM JACKSONVILLE ST. JOHNS PARKWAY GW, LLC**

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 3rd day of November, 2020

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online:

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of November, 2020.

*Elaine F. Marshall*

Secretary of State

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