1/28/2021

Division of Corporations

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338

: (954)208-0845 Fax Number

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

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Foreign Limited Liability Company TPA10, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate of	came adopted for the purpose of transacting business in Ho	tida. The alternate name must include "Lumited Liability Con-	pany," "I. U.C," or "U.	(C 1)
Georgia		3		
2. Univadiction under the law of w	nich foreign limited liability company is organized)	3	able)	
4	(Date first transacted histiness in Florida, if prior to re	gistration)		
(See sections 605,0901 & 605,0905, F.S. to determine Stone Mountain Industrial Park, Inc.		Stone Mountain Industrial Park, Inc.		
Street Address of Principal Office)		6. (Mailing Address)		
5170 Peachtree Rd., Bl	dg 100. Ste 400	5170 Penchtree Rd., Bldg 100, Ste 4	000	
Atlanta, GA 30341		Atlanta, GA 30341	···	202
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	20 CO	1 JAN 28
Name:	C T Corporation System		77	PH 12:
Office Address:	1200 South Pine Island Road			12: 20
	Plantation	33324, Florida		
	(Cuy)	(Zip code)		
Registered agent's acceptional lawing been named as re	gistered agent and to accept service of p	rocess for the above stated limited liability registered agent and agree to act in this c and complete performance of my duties, a	apacity. I furth	er agree

From, James Tanks III

2021-01-28 15:43:41 CST

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]:

Name and Address:	Title or Canacity:		Name and	<u>Address:</u>					
Name: Joshua W. Harrison	□Manager	Name: Case	y J. Farmer	_ 					
Address:	□Member								
5170 Peachtree Rd., Bldg 100, Stc 400	□Authorized	5170 Peachtree Rd., Bldg 100, Ste 400							
Atlanta, GA 30341	Person	Atlanta, GA 30341			Atlanta, GA 30341				
CEO Other	Other Asst. Secre	tary	Other_						
Name: Michael G. Kerman	□Manager	Name:		 					
Address:	□Member	Address:							
999 Peachtree St., Ste 2300	□Authorized								
Atlanta, GA 30309	Person			<u>:</u>	202				
Other	Other		Other_	37-	***				
					Ω) (Λ)				
Name:	⊡Manager	Name:		76	Ġ				
Address:	□Member			<u> सर्</u> चा चारा	15: - 				
	□Authorized		<u> </u>						
	Person								
□Other	Other		Other_						
	Name: Joshua W. Harrison Address:	Name: Joshua W. Harrison Manager Address:	Name: Joshua W. Harrison	Name: Joshua W. Harrison	Name:				

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 copstitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Michael G. Kerman

Typed or printed name of signee

Control Number: 21016462

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TPA10, LLC

a Domestic Limited Liability Company.

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20112048
Date Inc/Auth/Filed: 01/20/2021
Jurisdiction : Georgia
Print Date : 01/28/2021

Form Number : 211



Brad Raffangerger

Brad Raffensperger Secretary of State