

MA1000006854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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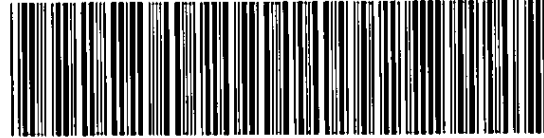
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN -7 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL

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2021 JUN -7 PM 4:01
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TALLAHASSEE, FLORIDA

[Handwritten signature]

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

ACCOUNT NO. : I20000000195

REFERENCE : 846694 5135334

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE : June 7, 2021

ORDER TIME : 1:57 PM

ORDER NO. : 846694-005

CUSTOMER NO: 5135334

FOREIGN FILINGS

NAME: TGC PERRY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TGC PERRY, 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:

Catherine Ramnarine

Name of Person

The Goodman Company

Firm/Company

777 South Flagler Drive, Suite 136 East

Address

West Palm Beach, FL 33401

City/State and Zip Code

cramnarine@thegoodmancompany.com

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

For further information concerning this matter, please call:

Catherine Ramnarine

561

833-4848

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. TGC PERRY, 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. not yet available
(FEI number, if applicable)

4. June 7, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 777 South Flagler Drive, Suite 136 East
(Street Address of Principal Office)

6. 777 South Flagler Drive, Suite 136 East
(Mailing Address)

West Palm Beach, FL 33401
West Palm Beach, FL

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
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TALLAHASSEE FL

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.

Corporation Service Company

By: Shanda E. Holman
(Registered agent's signature)

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: First Chapel Associates, LP
☒ Member Address: 777 South Flagler Drive
☐ Authorized Suite 136 East
Person West Palm Beach, FL 33401
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☒ Manager Name: Goodman Properties, Inc.
☐ Member Address: 777 South Flagler Drive
☐ Authorized Suite 136 East
Person West Palm Beach, FL 33401
☐ Other _____ ☐ Other _____

☐ Manager Name: Murray H. Goodman
☐ Member Address: c/o The Goodman Company
☐ Authorized 777 South Flagler Dr., Suite 136 East
Person West Palm Beach, FL 33401
☒ Other President ☐ Other _____

☐ Manager Name: Doranne M. Garvin
☐ Member Address: c/o The Goodman Company
☐ Authorized 777 South Flagler Dr. Suite 136 East
Person West Palm, FL 33401
☒ Other Vice President ☐ Other _____

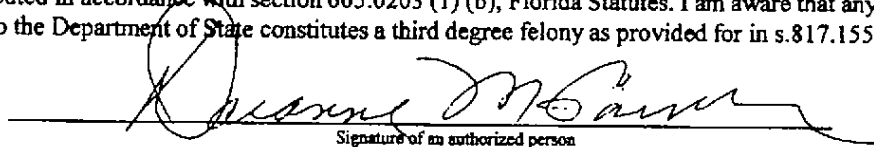
☐ Manager Name: Catherine Ramnarine
☐ Member Address: c/o The Goodman Company
☐ Authorized 777 South Flagler Dr., Suite 136 East
Person West Palm Beach, FL 33401
☒ Other Secretary ☐ Other _____

☐ 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

Doranne M. Garvin

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 "TGC PERRY, 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 SEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGC PERRY, LLC" WAS FORMED ON THE FOURTH DAY OF JUNE, A.D. 2021.

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



5975224 8300

SR# 20212371215

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. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203380552

Date: 06-07-21