

M21000008190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

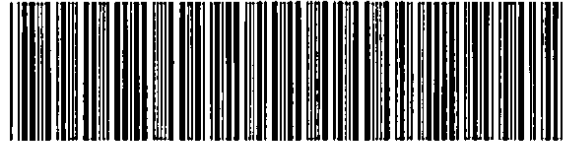
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

1/20/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPF SS 4335 Royal Palm Drive, 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, NE Suite 400
Address
Atlanta, Georgia 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 at (404) 264 - 7528
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. PPF SS 4335 Royal Palm Drive, 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
(FEL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 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)

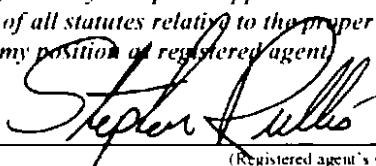
Name: CT Corporation System

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 relating 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

FILED
JUN 21 AM 10:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 II LLC

☒ Member Address: 3384 Peachtree Road, NE

☐ Authorized Suite 400

Person Atlanta, GA 30326

☐ Other _____ ☐ Other _____

☐ Manager Name: Mark Degner

☐ Member Address: 3384 Peachtree Road, NE

☒ Authorized Suite 400

Person Atlanta, GA 30326

☐ Other _____ ☐ Other _____

☐ Manager Name: Stanley Bonilla

☐ Member Address: 1522 Old Country Road

☒ Authorized Plainview, NY 11803

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Bradford Carmichael

☐ Member Address: 3384 Peachtree Road, NE

☒ Authorized Suite 400

Person Atlanta, GA 30326

☐ Other _____ ☐ Other _____

☐ Manager Name: Robert LaBrier

☐ Member Address: 6371 Keystone Street

☒ Authorized Philadelphia, PA 19135

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jim Goonan

☐ Member Address: 1522 Old Country Road

☒ Authorized Plainview, NY 11803

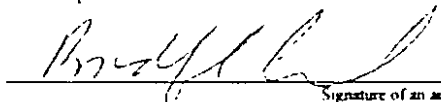
Person _____

☐ 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

Bradford Carmichael

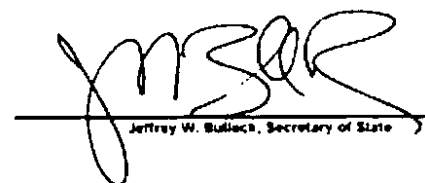
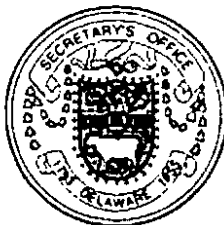
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PPF SS 4335 ROYAL PALM DRIVE, 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 FIFTEENTH DAY OF JUNE, A.D. 2021.



Jeffrey W. Bullock, Secretary of State

5999919 8300

SR# 20212448961

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

Authentication: 203451161

Date: 06-15-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:25 AM 06/15/2021
FILED 10:25 AM 06/15/2021
SR 20212448961 - File Number 5999919

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 4335 Royal Palm Drive, 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: Bradford Carmichael
Print or Type