

11/24/21, 11:27 AM

Division of Corporations

M21000015871

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

****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**TVT II, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS**NOV 24 2021**

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. TVT II, 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. Upon Qualification

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

5. 495 Tennessee Street, Suite 152

(Street Address of Principal Office)

6. Same

(Mailing Address)

Memphis, TN 38103-2549

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

By: _____

(Registered agent's signature)

Sandra Zwijack - Assistant Secretary

FILED
2021 NOV 24 PM 3:51
TALLAHASSEE, FL

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):

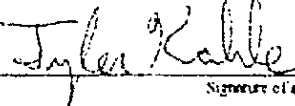
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>William Orgel</u>	<input type="checkbox"/> Manager	Name: <u>Jay Lindy</u>
<input checked="" type="checkbox"/> Member	Address: <u>495 Tennessee Street, Suite 152</u>	<input checked="" type="checkbox"/> Member	Address: <u>495 Tennessee Street, Suite 152</u>
<input type="checkbox"/> Authorized	<u>Memphis, TN 38103-2549</u>	<input type="checkbox"/> Authorized	<u>Memphis, TN 38103-2549</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>Craig Weiss</u>	 <input type="checkbox"/> Manager	 Name: <u>Brown Brothers Harriman</u>
<input checked="" type="checkbox"/> Member	Address: <u>495 Tennessee Street, Suite 152</u>	<input checked="" type="checkbox"/> Member	Address: <u>495 Tennessee Street, Suite 152</u>
<input type="checkbox"/> Authorized	<u>Memphis, TN 38103-2549</u>	<input type="checkbox"/> Authorized	<u>Memphis, TN 38103-2549</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>Craig Royal</u>	 <input type="checkbox"/> Manager	 Name: <u>Michael McLaughlin</u>
<input checked="" type="checkbox"/> Member	Address: <u>495 Tennessee Street, Suite 152</u>	<input checked="" type="checkbox"/> Member	Address: <u>495 Tennessee Street, Suite 152</u>
<input type="checkbox"/> Authorized	<u>Memphis, TN 38103-2549</u>	<input type="checkbox"/> Authorized	<u>Memphis, TN 38103-2549</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

SEE ATTACHMENT

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.

Tyler Kahle

 Typed or printed name of signer

**Attachment to Florida
Member/Manager Information**

- 1

Full Name:

Member/Manager:

Business Address:

City:

State:

ZIP Code:
- Benjamin Orgel
Member
495 Tennessee Street, Suite 152
Memphis
TN
38103-2549

2

Full Name:

Member/Manager:

Business Address:

City:

State:

ZIP Code:

David Goldstein
Member
495 Tennessee Street, Suite 152
Memphis
TN
38103-2549

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TVT II, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2021.

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



6276257 8300

SR# 20213842404

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204735662

Date: 11-18-21