

ma200000a565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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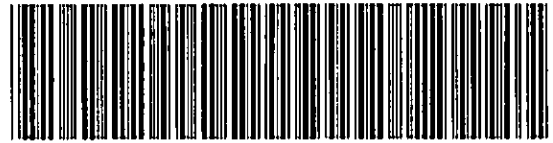
(Business Entity Name)

(Document Number)

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T. LEMIEUX

FEB 17 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Titan Vanguard Orlando I 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:

James Hill  
Name of Person

Titan Vanguard Partners  
Firm/Company

725 Ponce De Leon Ave NE, Suite 200  
Address

Atlanta GA 30306  
City/State and Zip Code

james@titanvanguard.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Hill at (202) 549 6630  
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. Titan Vanguard Orlando I 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 3. 87-4784575  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 17 February 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 725 Ponce de Leon Ave NE 6. Po Box 3127  
(Street Address of Principal Office) (Mailing Address)  
Suite 200  
Atlanta GA 30306 Decatur GA 30031

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

Name: Cash C. Kern

Office Address: 5821 Interbay Blvd

Tampa, Florida 33611  
(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.

Cash C. Kern  
(Registered agent's signature)

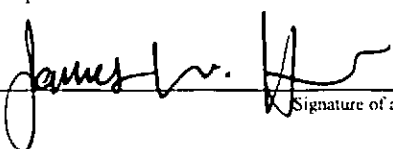
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>TV Orlando I JV LLC</u>	<input type="checkbox"/> Manager	Name:	<u>James W. Hill</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>725 Ponce de Leon Ave NE</u>	<input type="checkbox"/> Member	Address:	<u>725 Ponce de Leon Ave</u>		
<input type="checkbox"/> Authorized		<u>Suite 200</u>	<input checked="" type="checkbox"/> Authorized		<u>Suite 200</u>		
Person		<u>Atlanta GA 30306</u>	Person		<u>Atlanta GA 30306</u>		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:	<u>Cash Kern</u>	<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:	<u>5821 Interbay Blvd</u>	<input type="checkbox"/> Member	Address:			
<input checked="" type="checkbox"/> Authorized		<u>Tampa, FL 33611</u>	<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> 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  
James W. Hill  
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 THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "TITAN VANGUARD ORLANDO  
I LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF  
JANUARY, A.D. 2022, AT 9:31 O'CLOCK P.M.



6587318 8100  
SR# 20220251126

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.


Jeffrey W. Bullock, Secretary of State

Authentication: 202551478  
Date: 02-02-22

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 Titan Vanguard Orlando I LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 614 NO Dupont Hwy, Suite 210 (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is TRAC - The Registered Agent Company

By:   
Authorized Person

Name: James W. Hill  
Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TITAN VANGUARD ORLANDO I 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 SECOND DAY OF FEBRUARY, A.D. 2022.



6587318 8300

SR# 20220251126

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202551479

Date: 02-02-22