

M 22 000 006525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 APR 21 PM 4:11  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

APR 27 2022  
K. Brumbley

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_  
PPF SS 9101 County Line Road, 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, GA 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 9101 County Line Road, 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

88-1138057

(FEI number, if applicable)

4

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

3384 Peachtree Road, NE Suite 400

5. (Street Address of Principal Office)

3384 Peachtree Road, NE

6. (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:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

Florida

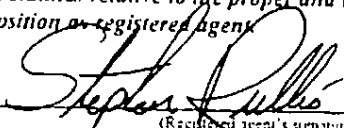
33324

(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 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.

  
(Registered agent's signature)

Stephen Rullis

Asst. Secretary

APPROVED  
AND  
FILED

2022 APR 21 PM 4:11

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 LLC

☒ Member                      Address: 3384 Peachtree Road, NE

☐ Authorized                      Suite 400

Person                      Atlanta, GA 30326

☐ 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: Mark Degner

☐ Member                      Address: 3384 Peachtree Road

☒ 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: James Goonan

☐ Member                      Address: 1522 Old Country Road

☒ Authorized                      Plainview, NY 11803

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

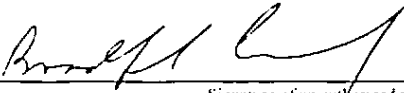
Person                      \_\_\_\_\_

☐ 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

Bradford Carmichael  
\_\_\_\_\_  
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 "PPF SS 9101 COUNTY LINE ROAD, 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 TWENTY-FIRST DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PPF SS 9101 COUNTY LINE ROAD, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2022.

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



6666270 8300

SR# 20221550290

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.

Authentication: 203231777

Date: 04-21-22