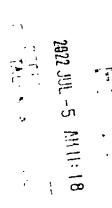
# M22000010342

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600389189616



2022 JUL -5 AH 11: 21

S. ROBERTS
JUL 0 5 2022

CORPORATION SERVICE COMPANY PPTB Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE: 785253 8049580

AUTHORIZATION : Smell of man

COST LIMIT : \$1.125/00

ORDER DATE : July 1, 2022

ORDER TIME : 8:27 AM

ORDER NO. : 785253-005

CUSTOMER NO: 8049580

#### FOREIGN FILINGS

NAME: LCD TALLAHASSEE DEVELOPMENT,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

#### COVER LETTER

TO:

Registration Section

Nan	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
eturn all correspondence concerning this matter	to the following:
Carol McEwen	
	Name of Person
1170 Peachtree Street, Suite 2400	
	Firm/Company
	Address
Atlanta, GA 30309	
	City/State and Zip Code
chris.hart@landmarkproperties.com	
E-mail address: (to b	e used for future annual report notification)
ner information concerning this matter, please ca	
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida The al	ernate name must include "Limited Liability	Company," "L.I. C,"	or "LLC	
Delaware			46-3619102			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI mumber, if a	pplicable)		
upon qualification						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration nine penalty li	ibility)	_		
315 Oconee Street,	Athens, GA 30601	;	315 Oconee Street, Athens, C	GA 30601		
street Address of Principal Office)			6. (Mailing Address)			
et Address of Principal Office)		6 -	(Mailing Address)		_	
eet Address of Principal Office)		6	(Mailing Address)			
	ss of Florida registered agent: (P.O. Box	_		,	202	
	ss of Florida registered agent: (P.O. Boy	_		, , , , , , , , , , , , , , , , , , ,	2022 JU	
		_		I.A.L. *	1 2022 JUL	
Name and <u>street addres</u>	SS of Florida registered agent: (P.O. Boy  Corporation Service Company	_		TA:	1 2022 JUL 5	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Boy	- x <u>NOT</u> ac		T.O.	1 2022 JUL 5	
Name and <u>street addres</u> Name:	Corporation Service Company	NOT ac	ceptable)	To the second se	) 1 2022 JUL	

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.

Llexus Weiterd assistant va president
(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: Title or Capacity: Name and Address: Name and Address: Name: \_\_\_\_\_Manager, LLC Name: \_\_\_\_\_\_\_ J. Wesley Rogers Manager □Manager Address: \_\_\_\_ 315 Oconee Street □Member □Member Athens, GA 30601 Athens, GA 30601 □ Authorized Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_ □Other\_\_ Name: W. Christopher Hart □Manager Name: □Manager 315 Oconee Street □Member □Member Address: Athens, GA 30601 Authorized Authorized Person Person □Other □Other □Other\_\_ Other\_\_\_\_ □Manager Name: \_\_\_\_\_\_ □ Manager Name: \_\_\_\_\_ Address: □Member Address: □Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signee

W. Christopher Hart, Authorized Person

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LCD TALLAHASSEE DEVELOPMENT, 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 FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LCD TALLAHASSEE DEVELOPMENT, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2017.

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

e at corn delaware gov/aut

Authentication: 203824311

Date: 07-01-22

6430040 8300 SR# 20222893032