M2200012382

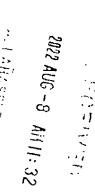
	(Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of \$	Status			
Special Instructions to Filing Officer.					

Office Use Only



700390191987

2624 1 3 -8 Ftt 2: 01



S. FRANKLIN AUG - 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 869395 4814233

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: August 8, 2022

ORDER TIME : 10:51 AM

ORDER NO. : 869395-005

CUSTOMER NO: 4814233

FOREIGN FILINGS

SEALY ALLEN K BREED

HIGHWAY, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Sealy Allen K Breed Highway, L.L.C.				
		of Limited Liability Company			
		company for Authorization to Transact Business in Florida, eferenced foreign limited liability company to transact business.			
Please	return all correspondence concerning this matter to	the following:			
	Angela E. Biernath, Paralegal				
		Name of Person			
	Morris, Manning & Martin, LLP				
		Firm/Company			
	3343 Peachtree Road NE, Suite 1600				
	Address				
	Atlanta, GA 30326				
	City/State and Zip Code				
	angelp@sealynet.com		2024		
	E-mail address: (to be	used for future annual report notification)			
For fur	ther information concerning this matter, please call	:	$\overset{\circ}{\circ}$		
	Angela E. Biernath, Paralegal	404 504-7725 at (
	Name of Contact Person	Area Code Daytime Telephone Number	2:01		
	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 DEPA ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee,			

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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Liability Co	nmpany," "L.L.C," or "LLC."
Georgia 2. (Jurisdiction under the law of which foreign limited hability company is organi		84-3858612		licable)
4	Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905; F.S. to determine	registration	on 1	
333 Texas Street, Suite 1050 5. (Street Address of Principal Office)		6.	333 Texas Street, Suite 1050	
Shreveport, LA 7110	1		Shreveport, LA 71101	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	2024
Name:	Corporation Service Company			; ·
Office Address:	1201 Hays Street			8 PH
	Tallahassee (Civ)		32301 , Florida(Zin code)	2: <u>-</u>

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.

Corporation Service Company

By: Ulyw Wilnd assistent 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: Name and Address: Title or Capacity: Name and Address: Sealy SIP Allen K Breed Name: Sealy Industrial Partners, LP Name: Highway Associates, Inc. □Manager □Manager 333 Texas Street Address: _ 333 Texas Street ■ Member Address:] **Suite 1050 Suite 1050** ☐ Authorized ☐ Authorized Shreveport, LA 71101 Shreveport, LA 71101 Person Person □Other____ Other_____ ☐Other____ Other □Manager Name: Name: _____ □Manager □Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other___ Other □Other □Manager Name: _____ Address: _____ □Member Address: □Member ☐ Authorized ☐ Authorized Person Person 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. /s/ Mark P. Sealy Signature of an authorized person Mark P. Sealv

Typed or printed name of signee

Control Number: 19155932

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Sealy Allen K Breed Highway, L.L.C. a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

د دن

Docket Number : 23603983 Date Inc/Auth/Filed: 12/03/2019 Jurisdiction : Georgia Print Date : 08/08/2022

Form Number : 211



Brad Raffangesger

Brad Raffensperger Secretary of State