

M23000002749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

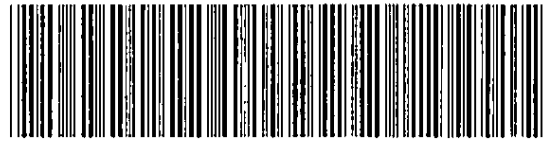
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**FOREIGN LLC**

1. **TS 2425 17<sup>TH</sup> STREET LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**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. TS 2425 17th STREET 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. State of Delaware 3. 92-2562943  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

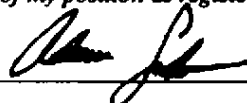
5. 268 Mooring Line Drive 6. 325 Sentry Pkwy  
(Street Address of Principal Office) (Mailing Address)  
Naples, FL 34102 Bldg 5W, Suite 230  
Blue Bell, PA 19422

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

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Place Drive, Suite A  
Tallahassee, Florida 32301  
(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.*

 Adam Saldana, Asst. Secretary  
(Registered agent's signature)

2023 MAR -3 PM 4:18  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

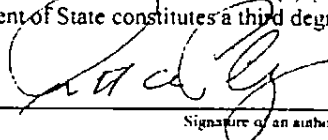
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Town Square Real Estate Holding</u>	<input type="checkbox"/> Manager	Name: <u>Robert McCadden</u>
<input type="checkbox"/> Member	Address: <u>325 Sentry Pkwy</u>	<input type="checkbox"/> Member	Address: <u>325 Sentry Pkwy</u>
<input type="checkbox"/> Authorized	<u>Bldg. 5W, Suite 230</u>	<input checked="" type="checkbox"/> Authorized	<u>Bldg 5W, Suite 230</u>
Person	<u>Blue Bell, PA 19422</u>	Person	<u>Blue Bell, PA 19422</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Robert Platzer</u>	<input type="checkbox"/> Manager	Name: <u>Eileen Heflin</u>
<input checked="" type="checkbox"/> Member	Address: <u>268 Mooring Line Drive</u>	<input type="checkbox"/> Member	Address: <u>325 Sentry Pkwy</u>
<input type="checkbox"/> Authorized	<u>Naples, FL 34102</u>	<input checked="" type="checkbox"/> Authorized	<u>Bldg 5W, Suite 230</u>
Person	_____	Person	<u>Blue Bell, Pa 19422</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 _____	<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  
 Robert A. Platzer  
 \_\_\_\_\_  
 Typed or printed name of signee

**STATE OF DELAWARE**  
**CERTIFICATE OF FORMATION**  
**OF**  
**TS 2425 17<sup>th</sup> Street LLC**

1. The name of the limited liability company (hereinafter referred to as "the Company") is TS 2425 17<sup>th</sup> Street LLC.

2. The address, including street, number, city, and county, of the registered office of the Company in the State of Delaware is 838 Walker Road, Suite 21-2, the City of Dover, County of Kent 19904, and the name of the Company's registered agent at such address is Registered Agent Solutions, Inc.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 23rd day of February, 2023.

  
Robert A. Platzer, Authorized Person

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TS 2425 17TH STREET 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 THIRD DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TS 2425 17TH STREET LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2023.

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



7313996 8300

SR# 20230861141

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 in a small font.

Authentication: 202833321

Date: 03-03-23