

# M230000007105

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HOLLAND & KNIGHT LLP  
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Phone : (305)789-7758  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: bpearl@globalcity.co

Foreign Limited Liability Company  
Tech Tower LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE, FLORIDA

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**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. Tech Tower 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. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

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

5. 801 Brickell Avenue 6. 801 Brickell Avenue  
(Street Address of Principal Office) (Mailing Address)

Suite 2360 Suite 2360

Miami, FL 33131 Miami, FL 33131

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(City) (Zip code)

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**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.*

/s/ Jim Perkins, Authorized Person

(Registered agent's signature)

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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>Kristine E. Eppes</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tech Tower GP, LLC</u>
<input type="checkbox"/> Member	Address: <u>c/o Corporation Service Company</u>	<input type="checkbox"/> Member	Address: <u>801 Brickell Avenue, Suite 2360</u>
<input type="checkbox"/> Authorized	<u>251 Little Falls Drive, Wilmington, DE 19808</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33131</u>
Person	<u>Attn: Independent Director Services</u>	Person	
<input checked="" type="checkbox"/> Other <u>Independent Manager</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Brian Pearl</u>	 <input type="checkbox"/> Manager	Name: <u>Luis Bermudez</u>
<input type="checkbox"/> Member	Address: <u>801 Brickell Avenue, Suite 2360</u>	<input type="checkbox"/> Member	Address: <u>801 Brickell Avenue, Suite 2360</u>
<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33131</u>	<input checked="" type="checkbox"/> Authorized	<u>Miami, FL 33131</u>
Person		Person	
<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.

/s/ Brian Pearl

Signature of an authorized person

Brian Pearl, Authorized Person

Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TECH TOWER, 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 THIRTIETH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TECH TOWER, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2023.

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



7369235 8300

SR# 20232467530

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: 203437334

Date: 05-30-23

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