

M23000011658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

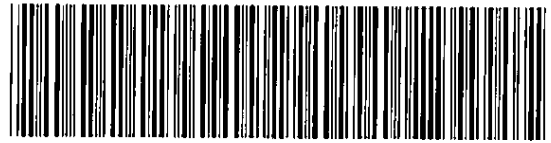
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600414618686

FILED

2023 SEP 12 PM 1:05

STATE OF FLORIDA  
TALLAHASSEE, FL

RECEIVED

2023 SEP 12 PM 3:31

STATE OF FLORIDA  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 981870 4804310

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : September 12, 2023

ORDER TIME : 1:23 PM

ORDER NO. : 981870-010

CUSTOMER NO: 4804310

FOREIGN FILINGS

NAME: TMT 4811-4911 LYONS TECH  
PARKWAY, 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: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TMT 4811-4911 Lyons Tech Parkway, 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:

Lucille Iovino

\_\_\_\_\_  
Name of Person

Alston & Bird

\_\_\_\_\_  
Firm/Company

90 Park Avenue

\_\_\_\_\_  
Address

New York, New York 10016

\_\_\_\_\_  
City/State and Zip Code

lucille.iovino@alston.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucille Iovino

212  
at ( )

905-9046

\_\_\_\_\_  
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. TMT 4811-4911 Lyons Tech Parkway, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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)

5. 4 Embarcadero Center  
(Street Address of Principal Office)

Suite 3300

San Francisco, 94111

6. 4 Embarcadero Center  
(Mailing Address)

Suite 3300

San Francisco, 94111

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
2023 SEP 12 PM 1:05  
CLERK OF STATE  
TALLAHASSEE, FL

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: Eylina Bahor  
Assistant Vice 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:**

☐ Manager                      Name: Albert J. Jehle

☐ Member                      Address: 4 Embarcadero Center

☐ Authorized                      Suite 3300

San Francisco, 94111

   Person

☒ Other President                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: David Nix

☐ Member                      Address: 4 Embarcadero Center

☐ Authorized                      Suite 3300

San Francisco, 94111

   Person

☒ Other Vice President                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Mark Carlson

☐ Member                      Address: 4 Embarcadero Center

☐ Authorized                      Suite 3300

San Francisco, 94111

   Person

☒ Other Vice President                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Tuba Malinowski

☐ Member                      Address: 4 Embarcadero Center

☐ Authorized                      Suite 3300

San Francisco, 94111

   Person

☒ Other Vice President                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Sol A. Raso

☐ Member                      Address: 4 Embarcadero Center

☐ Authorized                      Suite 3300

San Francisco, 94111

   Person

☒ Other Vice President                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Daniel S. Weaver

☐ Member                      Address: 4 Embarcadero Center

☐ Authorized                      Suite 3300

San Francisco, 94111

   Person

☒ Other Vice President                      ☐ 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/ Albert J. Jehle

Signature of an authorized person

Albert J. Jehle

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TMT 4811-4911 LYONS TECH PARKWAY, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TMT 4811-4911 LYONS TECH PARKWAY, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

7638130 8300

SR# 20233469807

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204142986

Date: 09-12-23