

M23000011659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

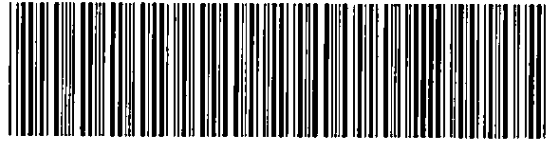
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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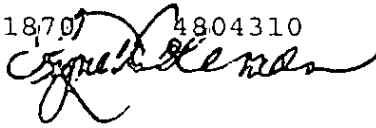
STATE
TALLAHASSEE, FL

RECEIVED

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STATE
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 : 1:24 PM
ORDER NO. : 981870-015
CUSTOMER NO: 4804310

FOREIGN FILINGS

NAME: TMT 4611-4661 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 4611-4661 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	905-9046
_____ Name of Contact Person	at (_____) 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 4611-4661 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.
(F.E.I. 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)

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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
(Registered agent's signature)

Assistant Vice President

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>
<input type="checkbox"/> Manager	Name: <u>Albert J. Jehle</u>
<input type="checkbox"/> Member	Address: <u>4 Embarcadero Center</u>
<input type="checkbox"/> Authorized	<u>Suite 3300</u>
Person	<u>San Francisco, 94111</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> 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: David Nix

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, 94111

☒ Other Vice President ☐ Other _____

☐ Manager Name: Sol A. Raso

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, 94111

☒ Other Vice President ☐ Other _____

☐ Manager Name: Mark Carlson

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, 94111

☒ Other Vice President ☐ Other

☐ Manager Name: Daniel S. Weaver

☐ Member Address: 4 Embarcadero Center

☐ Authorized Suite 3300

Person San Francisco, 94111

☒ 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 signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TMT 4611-4661 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 4611-4661 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

7638132 8300

SR# 20233469812

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204142995

Date: 09-12-23