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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE : 044086 8328542 AUTHORIZATION : COST LIMIT : \$ 125,00 ORDER DATE: October 4, 2023 ORDER TIME : 8:21 AM ORDER NO. : 044086-040 CUSTOMER NO: 8328542 FOREIGN FILINGS NAME: TGA TRE2 POMPANO DC LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

COVER LETTER

то:	egistration Section vision of Corporations			
SUBJE	TGA TRE2 POMPANO DC LLC			
SUBJE	Name of Limited Liability Company			
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica and check are submitted to register the above referenced foreign limited liability company to transact business in Flo			
Please r	n all correspondence concerning this matter to the following:			
	Name of Person			
	Techers Insurance and Annuity Association of America			
	Firm/Company			
	730 Third Avenue			
	Address			
	New York, NY 10017			
	City/State and Zip Code			
	patricia.negron@tiaa.org			
	E-mail address: (to be used for future annual report notification)			
For furt	information concerning this matter, please call:			
	atricia Negron 212 916-4087			
	Name of Contact Person Area Code Daytime Telephone Number			
	ailing Address: egistration Section livision of Corporations O. Box 6327 Illahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	closed is a check for the following amount: ease make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liab	ntity Company," "L.L.C," or "LLC.")
Delaware 2.		3	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI number	: if applicable)
October 15, 2023	_		
	(Date first transacted business in Florida, if prior to i (See sections 605 0904 & 605 0905, F.S. to determine	egistration (ne penalty liability)	
730 Third Avenue		730 Third Avenue	
O. (Street Address of Principal Office)		6. (Mailing Address)	
New York, NY 1001	7	New York, NY 10017	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2000 PA
7. Name and street addre Name:	SS of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	APPRUVED PH
		<u>NOT</u> acceptable)	
Name:	Corporation Service Company 1201 Hays Street Tallahassee	NOT acceptable)	
Name:	Corporation Service Company 1201 Hays Street	32301	

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:
□Manager	Name: Graham Catlin	□Manager	Name: Bryan Moreland
□Member	Address:	□Member	Address: 2850 Lake Vista Drive
■ Authorized	Chicago, IL 60606	■Authorized	Lewisville, TX 75067
Person		Person	
□Other	Other	Other	Other
□Manager	Name: Kimberly Moseley	□Manager	Name: Michael Swink
□Member	Address: 8500 Andrew Carnegie Blvd.	□Member	Address: 6 Concourse Pkwy
Authorized	Charlotte, NC 28262	Authorized	Atlanta, GA 30328
Person		Person	
Other		□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	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.

Kimberly Maches	•
010	Signature of an authorized person
Kimberly Moseley	
	Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TGA TRE2 POMPANO DC 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 FOURTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TGA TRE2 POMPANO DC LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2023.

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

Authentication: 204307385

Date: 10-04-23