

M24 000001986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

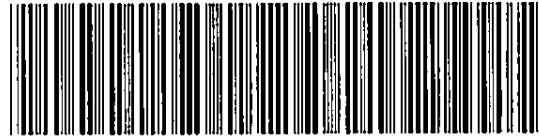
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHABAD, INDIA



Handwritten signature

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/15/2024
Acc#I20160000072

en: c DW

Name:	Portman Holdings, LLC
Document #:	
Order #:	71139282

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Document _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **125.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PORTMAN HOLDINGS, 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:

STEVEN STAVICH

Name of Person

PORTMAN HOLDINGS, LLC

Firm/Company

303 PEACHTREE CENTER AVE. NE, SUITE 575

Address

ATLANTA, GA 30303

City/State and Zip Code

sstavich@portmanholding.com

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

For further information concerning this matter, please call:

STEVEN STAVICH

404 614-5208
at ()

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. PORTMAN HOLDINGS, 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 GEORGIA
(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. 303 PEACHTREE CENTER AVE NE,
(Street Address of Principal Office)

6. P.O. BOX 57343
(Mailing Address)

SUITE 575

ATLANTA, GA 30343

ATLANTA, GA 30303

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
(Registered agent's signature) Jane Zachritz

Jane Zachritz, Asst. Secretary

FILED
2024 FEB 15 AM 4:28
CLERK OF DISTRICT COURT
JANUARY 15, 2024

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: AMBRISH BAISIWALA

☐ Member Address: 303 PEACHTREE CTR AVE N

☒ Authorized SUITE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

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

☐ Manager Name: JOHN C. PORTMAN, IV

☐ Member Address: 303 PEACHTREE CTR AVE

☐ Authorized SUITE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: S. JEFFERSON GREENWAY

☐ Member Address: 303 PEACHTREE CTR AVE N

☒ Authorized SUITE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: MICHELLE BARTON

☐ Member Address: 303 PEACHTREE CTR AVE N

☒ Authorized SUITE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: STEVEN STAVICH

☐ Member Address: 303 PEACHTREE CTR AVE N

☒ Authorized SUITE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

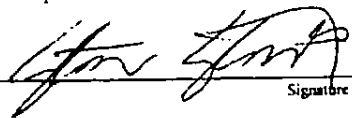
Person _____

☐ 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.



Signature of an authorized person

STEVEN STAVICH

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PORTMAN HOLDINGS, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26692813
Date Inc/Auth/Filed: 11/22/2010
Jurisdiction : Georgia
Print Date : 02/14/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State