

7/10/24, 10:05 AM

Division of Corporations

M24000008760

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sstavich@portmanholdings.com

RECEIVED
2024 JUL 10 AM 10:27
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
TALLAHASSEE HALL PROPERTY INVESTORS, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

2024 JUL 10 PM 4:49

Electronic Filing Menu

Corporate Filing Menu

Help

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. TALLAHASSEE HALL PROPERTY INVESTORS, 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. (EIN number, if applicable)

4. Upon Filing
(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. 303 Peachtree Center Ave., NE
(Mailing Address)

SUITE 575

Suite 575

ATLANTA, GA 30303

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: Lisa D. DuBois Lisa D. DuBois, Assist. Sec.
(Registered agent's signature)

2024 JUL 10 PM 4:49

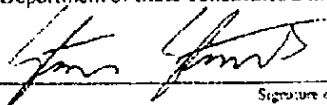
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: AMBRISH BAISIWALA | <input type="checkbox"/> Manager | Name: JOHN C. PORTMAN, IV |
| <input type="checkbox"/> Member | Address: 303 PEACHTREE CTR AVE N | <input type="checkbox"/> Member | Address: 303 PEACHTREE CTR AVE |
| <input checked="" type="checkbox"/> Authorized | SUITE 575 | <input checked="" type="checkbox"/> Authorized | SUITE 575 |
| Person | ATLANTA, GA 30303 | Person | ATLANTA, GA 30303 |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: S. JEFFERSON GREENWAY | <input type="checkbox"/> Manager | Name: MICHELLE BARTON |
| <input type="checkbox"/> Member | Address: 303 PEACHTREE CTR AVE | <input type="checkbox"/> Member | Address: 303 PEACHTREE CTR AVE |
| <input checked="" type="checkbox"/> Authorized | SUITE 575 | <input checked="" type="checkbox"/> Authorized | SUITE 575 |
| Person | ATLANTA, GA 30303 | Person | ATLANTA, GA 30303 |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: STEVEN STAVICH | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 303 PEACHTREE CTR AVE | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized | SUITE 575 | <input type="checkbox"/> Authorized | _____ |
| Person | ATLANTA, GA 30303 | 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.



 Signature of authorized person

STEVEN STAVICH

 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 "TALLAHASSEE HALL PROPERTY INVESTORS,
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 NINTH DAY OF JULY, A.D. 2024.

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



4169256 8300

SR# 20243095621

You may verify this certificate online at corp.delaware.gov/authver.shtmlA 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: 203887067

Date: 07-09-24