

7/24/2024 11:31 AM
 Division of Corporations
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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.**

sstavich@portmanholdings.com

Email Address:

Foreign Limited Liability Company

908 - PORTMAN (TALLAHASSEE I) DEVELOPER, LLC

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Corporate Filing Menu

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**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. 903 - PORTMAN (TALLAHASSEE II) DEVELOPER, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. JULY 23, 2024

(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)

SUITE 575

ATLANTA, GA 30303

6. 303 PEACHTREE CENTER AVE NE

(Mailing Address)

SUITE 575

ATLANTA, GA 30303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
24 JUL 24 PM 4:22

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 33324
(City) Florida (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 Denise Bell
(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: 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 N

☒ 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

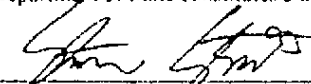
Person

☐ 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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "908 - PORTMAN (TALLAHASSEE I) DEVELOPER, 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 TWENTY-THIRD DAY OF JULY, A.D. 2024.

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



4334368 8300

SR# 20243217033

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203995124

Date: 07-23-24