

8/9/24, 4:09 PM

Division of Corporations

Florida Department of State
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 : (514)280-3338
Fax Number : (514)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: cherie.slade-carlock@tdc-properties.com

**Foreign Limited Liability Company
Sterling Quadrangle, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

APPROVED
AND
FILED
2024 AUG -9 PM 12:23
CLERK OF THE COURT

RECEIVED
2024 AUG -9 PM 4:30
CLERK OF THE COURT

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Aug 12 2024

Brumbley

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

IN COMPLIANCE WITH SECTION 405.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 Sterling Quadrangle, LLC

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

(If name available, enter alternate name advertised for the purpose of transacting business in Florida. If alternate name used include "Limited Liability Company," "LLC," or "LLP.")

2 DELAWARE

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

3 Applied For

(If number applicable)

4 Upon Qualification

(If foreign limited liability company is subject to prior foreign taxation, enter name of jurisdiction and U.S. tax identification number to determine potential liability.)

5 3411 Richmond Avenue, Suite 500

(Street Address of Principal Office)

6 3411 Richmond Avenue, Suite 500

(Alternate Address)

Houston Texas

Houston Texas

77046

77046

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

(City)
Florida 33324

(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 (Signature) Sandra Zorjack

(Registered agent's signature) Assistant Secretary

APPROVED
AND
FILED
2024 AUG - 9 PM 12: 23
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

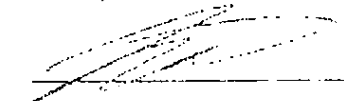
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name <u>TDC Manager, Inc</u>	☒ Manager	Name <u>John Caltagirone</u>
☐ Member	Address <u>3411 Richmond Ave, Ste 500</u>	☐ Member	Address <u>3411 Richmond Ave, Ste 500</u>
☐ Authorized	<u>Houston Texas</u>	☒ Authorized	<u>Houston Texas</u>
Person	<u>77046</u>	Person	<u>77046</u>
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ 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 on a document to the Department of State constitutes a third degree felony as provided for in § 817.185, F.S.



 Signature of an authorized person
 John Caltagirone, Authorized Person

 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 "STERLING QUADRANGLE, 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 AUGUST, A.D. 2024.

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



4633729 8300

SR# 20243373263

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: 204127615

Date: 08-09-24