

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

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

Foreign Limited Liability Company
420 SW 8th St (FL), LLC

Certificate of Status	0
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Page Count	04
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SEP 18 2024

K. Brumley

**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. 420 SW 8th St (FL.), 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. _____
(FEI number, if applicable)

4. 9/17/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. PORTMAN HOLDINGS, LLC C/O S. STAVICH
(Street Address of Principal Office)

6. PORTMAN HOLDINGS, LLC C/O S. STAVICH
(Mailing Address)

303 PEACHTREE CENTER AVE NE, STE 575

303 PEACHTREE CENTER AVE NE, STE 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: Denise Bell
C T Corporation System
Denise Bell, Asst. Secretary
(Registered agent's signature)

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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 NE	<input type="checkbox"/> Member	Address: 303 PEACHTREE CTR NE
<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 NE	<input type="checkbox"/> Member	Address: 303 PEACHTREE CTR NE
<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 NE	<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 an 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 "420 SW 8TH ST (FL), 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2024.

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



5138658 8300

SR# 20243721139

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

A 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.

Authentication: 204422447

Date: 09-18-24