

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 : (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 OCT 29 PM 12:08

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
1542 W. University Avenue (FL), LLC**

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

2024 OCT 29 PM 11:40

**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. 1542 W. UNIVERSITY AVENUE (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. 10/25/2024
(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)

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 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: Eric Carlson C T Corporation System
Eric Carlson, Assistant Secretary
(Registered agent's signature)

2024 OCT 29 11:11:40

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 STE 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 STE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: JEFF GREENWAY

☐ Member Address: 303 PEACHTREE CTR AVE N

☒ Authorized STE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: MICHELLE BARTON

☐ Member Address: 303 PEACHTREE CTR AVE N

☒ Authorized STE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: STEVEN STAVICH

☐ Member Address: 303 PEACHTREE CTR AVE N

☒ Authorized STE 575

Person ATLANTA, GA 30303

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

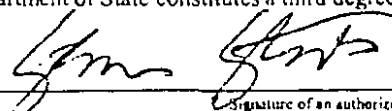
Person _____

☐ 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 signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "1542 W. UNIVERSITY AVENUE (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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2024.

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

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.

Jeffrey W. Bullock, Secretary of State

5710600 8300

SR# 20244047951

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

Authentication: 204724640

Date: 10-25-24