

M2500000/06

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address: annualreports@nraiservices.com

Foreign Limited Liability Company TIGER DEVELOPMENT TRS LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2025 JAN -2 AM 11:35

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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. TIGER DEVELOPMENT TRS 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 3. 93-2551883
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. FEBRUARY 11, 2025
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13024 BALLANTYNE CORPORATE PLACE 6. PO BOX 49550
(Street Address of Principal Office) (Mailing Address)
SUITE 1000
CHARLOTTE, NC 28277 CHARLOTTE, NC 28277

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
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.

/s/ Tina Lipko, VP
(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: TIGER TRS LLC	<input type="checkbox"/> Manager	Name: GREG JUCEAM
<input checked="" type="checkbox"/> Member	Address: 13024 BALLANTYNE CORP	<input type="checkbox"/> Member	Address: PO BOX 49550
<input type="checkbox"/> Authorized	PLACE, STE 1000	<input type="checkbox"/> Authorized	CHARLOTTE, NC 28277
Person	CHARLOTTE, NC 28277	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	PRESIDENT <input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: DAVID CLARKSON	<input type="checkbox"/> Manager	Name: CHRISTOPHER DEKLE
<input type="checkbox"/> Member	Address: PO BOX 49550	<input type="checkbox"/> Member	Address: PO BOX 49550
<input type="checkbox"/> Authorized	CHARLOTTE, NC 28277	<input type="checkbox"/> Authorized	CHARLOTTE, NC 28277
Person		Person	
<input checked="" type="checkbox"/> Other	TREASURER <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	SECRETARY <input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: WILLIAM HASHE	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: PO BOX 49550	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	CHARLOTTE, NC 28277	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other	VP, TAX <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.

/s/ William Hashe

Signature of an authorized person

William Hashe

Typed or printed name of signer

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Delaware

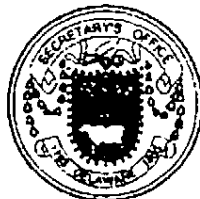
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIGER DEVELOPMENT TRS 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 SECOND DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIGER DEVELOPMENT TRS LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2022.

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



6571283 8300

SR# 20250008937

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: 202606833

Date: 01-02-25

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