# 1417000010679

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



900306806659

17 DEC 48 PH PA 49

17 DEC 13 FM 6: 1

DEC 1 9 2017
Y SULKER

### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date:	12/18/17		
	ACC	CT. I20160000072	G: (
Name:	ACC OP (We		
Document #:			
Order #:	10756323		
Certified Copy of Arts & Amend:			
Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	155	]
		Thank you!	

#### COVER LETTER

TO:	Registration Section Division of Corporations					
C119211	ACC OP (WEST JEFFERSON) LLC					
SUBJECT: Name of Limited Liability Company						
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Steve Beinke					
	Name of Person					
	American Campus Communities Operating Partnership LP					
Firm/Company						
	12700 Hill Country Boulevard, Suite T-200					
	Address					
	Austin, Texas 78738					
	City/State and Zip Code					
	sbeinke@americancampus.com					
	E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning this matter, please call:					
	at ( )					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301					
Enclo	ed is a check for the following amount:  S125.00 Filing Fee Fee S125.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe					

## 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.	ACC OP (West Jefferso	on) LLC Limited Liability Company; must include "Limited	I (ability	Company"" I C " or "I C")		
	(Name of roteign	Islanted Liability Company, must include "clinice	r radinty	Company, 171. C., or 1918.		
		ame adopted for the purpose of transacting business in Flo	rida The #	ternate name must include "Limited Liabi	ility Company," "L.L.C," or "LLC";	)
2	Delaware	nich foreign limited liability company is organized)	3.	(Fill numbe	r, il applicable)	
	(Attribution mater the law of wa	nen receign timited monthly company is organizately		11.01	, , , , , , , , , , , , , , , , , , , ,	
4.		(Date first transacted business in Florida, if prior to	registratio	1)	<del></del>	
	12700 IUU C Da	(See sections 605 0904 & 605 0905, F.S. to determine	ne penalty	•	ward	
5.	12700 Hill Country Bo (Street Address of I	ruicipal Office)	6.	12700 Hill Country Bould (Mailing Addre		
	Suite T-200			Suite T-200		
	Austin, Texas 78738			Austin, Texas 78738		
7	Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	icceptable)		
•	Name:	C T Corporation System		•		
		1200 South Pine Island Road		<del></del>		
	Office Address:	1200 South Fine Island Road		<del></del>	7 <b>9</b>	
		Plantation		, Florida 33324 (Zip code)	<b>3</b> C	
R	egistered agent's accep	(Cay) stance: rgistered agent and to accept service of p			S 3 €	- m.
to	comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  By: C T Corporation System  (Registered agent)	and co	ered agent and agree to act is mplete performance of my d	uties, and loan familiar	q apree
		•				
8	. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who have <u>Name and Address</u> :	is/have <u>T</u>	itle or Capacity:	Name and Address:	
	Managing Member	American Campus				
		Communities Operating Partnership	_			
		12700 Hill Country Blvd.				
		Suite T-200 Austin, Texas 78738				
(	Use attachments if neces		_			
ju	Attached is a certificate risdiction under the law f the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	duly au te is in a	thenticated by the official hav foreign language, a translation	ving custody of records in on of the certificate under	the oath
) (	<ol> <li>This document is executed in a document t</li> </ol>	cuted in accordance with section 605.020 o the Department of State constitutes a th	3 (1) (b iird deg	). Florida Statutes, I am aware ree felony as provided for in s	e that any false informatio (817,155, F.S.	n
		Signatur	e of an aut	norized person		
		SEE ATTACHED ADDENDUM				
			e printed n	ame of signer		

#### ADDENDUM

#### ACC OP (WEST JEFFERSON) LLC

By: American Campus Communities Operating Partnership LP, its Managing Member

By: American Campus Communities Holdings LLC, its General Partner

By: American Campus Communities, Inc., its Sole Member

Name: Steve Beinke

Title: VP





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACC OP (WEST JEFFERSON) 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 DECEMBER, A.D. 2017.

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

Authentication: 203779578

Date: 12-18-17