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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 : (850)222-1092
Fax Number : (850)878-5368

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LP/LLLP
PSREG M North Owner, L.P.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	$1,061.25

Please file 2nd After the GP Qual

JUL 18 2014
A. LUNT

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSREG M NORTH OWNER, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Steven L. Shores
Contact Person

c/o Pollack Shores Real Estate Group
Firm/Company

One Premier Plaza, 5605 Glenridge Drive, NE, Suite 775
Address

Atlanta, GA 30342
City, State and Zip Code

kprince@pollackshores.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Steven L. Shores at (404) 835-1477
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)
- ☐ $1,008.75 Filing Fees and Certificate of Status
- $1,052.50 Filing Fees and Certified Copy
- ☒ $1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. PSREG M NORTH OWNER, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware
State or Country of Formation

3. May 16, 2014
Date of Formation

4. **Federal Employer Identification Number:** 46-5681884

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. *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.*

CT Corporation System
Tornell Kearney Asst. Secretary
Signature of Registered Agent

7. **Principal Office:**
One Premier Plaza, 5605 Glenridge Drive, Suite 775
Atlanta, Georgia 30342

8. **Mailing Address:**
One Premier Plaza, 5605 Glenridge Drive, Suite 775
Atlanta, Georgia 30342

9. **If limited partnership is a limited liability limited partnership,** check box .

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: PSREG M North Owner GP, LLC
Street Address: One Premier Plaza, 5605 Glenridge Drive, Suite 775
Atlanta, Georgia 30342
Mailing Address: One Premier Plaza, 5605 Glenridge Drive, Suite 775
Atlanta, Georgia 30342

M14-5088

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

11. Effective date, if other than the date of filing:_____.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 16th day of July ,20 14 .

See attached signature page
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	***$1,000.00*** *($965 Filing Fee and $35 Registered Agent Fee)*
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

PSREG M North Owner GP, LLC, its general partner

By: PSREG M North JV, L.P., its sole member

By: PSREG M North GP, LLC, its general partner

By: Pollack Shores Real Estate Group, LLC, its manager

By: _____
Name: Steven Shores
Title: Class A Member

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSREG M NORTH OWNER, L.P." 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 SIXTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5534973 8300

AUTHENTICATION: 1541308

140962664

DATE: 07-16-14

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