

B15000000124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

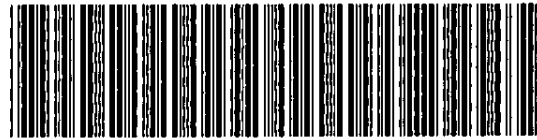
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 MAY 13 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

15 MAY 13 AM 10:57

*File 2190*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 625683 4306601

AUTHORIZATION :

*Lydia Cohen*

COST LIMIT : \$ 1000.00

ORDER DATE : May 12, 2015

ORDER TIME : 11:11 AM

ORDER NO. : 625683-010

CUSTOMER NO: 4306601

FOREIGN FILINGS

NAME: SOUTHPORT PALMBAY INVESTORS,  
LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_

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

1. Southport Palmbay Investors, LP

(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. 5/11/15

Date of Formation

4. Federal Employer Identification Number: applied for

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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.

By: Lydia Cohen  
Signature of Registered Agent  
Asst. Vice President

7. Principal Office:

Exchange Place, 53 State St., 38th Fl.,

Boston, MA 02109

8. Mailing Address:

Exchange Place, 53 State St., 38th Fl.,

Boston, MA 02109

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: HSRE Fund IV GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 53 State St., 38th Fl.,

Street Address: \_\_\_\_\_

Boston, MA 02109

Mailing Address: same as above

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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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 11<sup>th</sup> day of May, 2015.

See attached for signature.

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

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TALLAHASSEE, FLORIDA

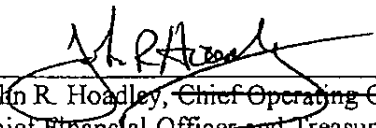
Signature Page to Application for Authority for  
Southport Palmbay Investors, LP

By: HSRE Fund IV GP, LLC, general partner

By: High Street Real Estate Fund IV, L.P., its member

By: High Street Real Estate Fund IV GP, LLC,  
its general partner

By: \_\_\_\_\_

  
~~John R. Hoadley, Chief Operating Officer,  
Chief Financial Officer and Treasurer~~

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2015 MAY 13 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHPORT PALMBAY INVESTORS, LP" 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 TWELFTH DAY OF MAY, A.D. 2015.

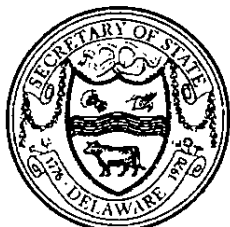
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHPORT PALMBAY INVESTORS, LP" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2015.

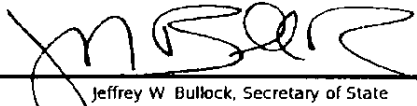
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5745500 8300

150660075

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2371019

DATE: 05-12-15