

B 15000000134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

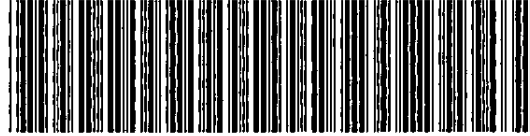
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100272908071

05/14/15--01013--022 **1008.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 14 PM 4:33
11:33

MAY 21 2015

J SHIVERS

HOLT NEY ZATCOFF & WASSERMAN, LLP

ATTORNEYS AT LAW

100 GALLERIA PARKWAY, SUITE 1800

ATLANTA, GEORGIA 30339

TELEPHONE 770-956-9600 FACSIMILE 770-956-1490

Char C. Barnett

e-mail cbarnett@hnzw.com

May 13, 2015

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations, Registrations Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: BRANCH CITY CENTRE ASSOCIATES, L.P. – Application by Foreign
Limited Partnership to Transact Business in Florida
(HNZW File No. 3226/32)

Dear Sir/ Madam:

Enclosed please find one Application by Foreign Limited Partnership to Transact Business in Florida and a Certificate of Existence from the Delaware Secretary of State for the above referenced entity. Also enclosed is a check in the amount of \$1,008.75 for fees associated with the following items:

- 1) Application by Foreign Limited Partnership to Transact Business in Florida;
and
- 2) Certificate of Status.

Once completed, please return to my attention. If the option is available, please email me a copy of the above listed items.

Please contact me at the above referenced number should you have any questions or concerns.

Sincerely,



Char C. Barnett
Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BRANCH CITY CENTRE ASSOCIATES, 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:

Char C. Barnett

Contact Person

Holt Ney Zatcoff & Wasserman, LLP

Firm/Company

100 Galleria Parkway, Suite 1800

Address

Atlanta, Georgia 30339

City, State and Zip Code

cbarnett@honzw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Char C. Barnett

at (**770**) **956.9600**

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. Branch City Centre Associates, 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 12, 2015

Date of Formation

4. Federal Employer Identification Number: 47-3910438

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

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

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.

T-H-UG
Terence Hardley Asst. Secretary
Signature of Registered Agent

7. Principal Office:

3340 Peachtree Road, NE

Suite 600

Atlanta, Georgia 30326

8. Mailing Address:

3340 Peachtree Road, NE

Suite 600

Atlanta, Georgia 30326

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 14 PM 4:33

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: Branch Retail GP, LLC

Name of General Partner: _____

Street Address: 3340 Peachtree Road, NE, Suite 600

Street Address: _____

Atlanta, Georgia 30326

Mailing Address: 3340 Peachtree Road, NE, Suite 600

Mailing Address: _____

Atlanta, Georgia 30326

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing 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 8th day of May, 2015
BRANCH RETAIL GP, LLC, a Georgia limited liability company
Its: General Partner
By: Richard H. Lee [SEAL]
Richard H. Lee
Title: Authorized Signer

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 14 PM 4:33

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRANCH CITY CENTRE ASSOCIATES, 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 TWELFTH DAY OF MAY, A.D. 2015.

FILED
15 MAY 14 PM 4:33
SECRETARY OF STATE
HALL MARKS BUILDING
DOVER, DELAWARE

5745615 8300

150656462




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2369997

DATE: 05-12-15