

B16000140
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000152565 3)))



H160001525653ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C.T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

*File 2nd
After
GP Reg.
H16000157282*

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

Email Address: _____

2016 JUN 29 PM 4:36

FILED IN FLORIDA

FLORIDA/FOREIGN LP/LLLP
C/O Carillon, Limited Partnership

Certificate of Status	1
Certified Copy	1
Page Count	056
Estimated Charge	\$1,061.25

FILED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
JUN 29 AM 11:46

JUN 30 2016

S. YOUNG

6/29/2016 4:08:50 PM From: To: 8506176383(2/6)
850-817-6381 6/27/2016 10:59:31 AM PAGE 1/001 Fax Server



June 27, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CIO CARILLON, LIMITED PARTNERSHIP
REF: W16000045376

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 29 AM 11:46

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: B16000152565
Letter Number: 416A00013438

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIO Carillon, Limited Partnership

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:

Cori Hansen

Contact Person

c/o City Office REIT, Inc.

Firm/Company

1075 West Georgia Street, Suite 2010

Address

Vancouver, BC V6E 3C9

City, State and Zip Code

chansen@cityofficereit.com

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

For further information concerning this matter, please call:

Cori Hansen

at (604) 806-3567

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

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 JUN 29 AM 11:46

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

1. CIO Carillon, Limited Partnership

(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. 5/16/2016 Date of Formation

4. Federal Employer Identification Number: 81-2705512

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.

C T Corporation System By: Connie B... Signature of Registered Agent

7. Principal Office: 1075 West Georgia Street, Suite 2010 Vancouver, BC V6E 3C9

8. Mailing Address: 1075 West Georgia Street, Suite 2010 Vancouver, BC V6E 3C9

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: CIO Carillon GP, LLC Name of General Partner: Street Address: 1075 West Georgia Street, Suite 2010 Street Address: Vancouver, BC V6E 3C9 Mailing Address: Mailing Address: Name of General Partner: Name of General Partner: Street Address: Street Address: Mailing Address: Mailing Address:

FILED STATE SECRETARY OF FLORIDA TALLAHASSEE, FLORIDA 16 JUN 29 AM 11:46

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 22nd day of June, 2016

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 29 AM 11:46

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIO CARILLON, LIMITED PARTNERSHIP" 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 TWENTY-SECOND DAY OF JUNE, A.D. 2016.

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 29 AM 11:46



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6043324 8300

SR# 20164587911

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

Authentication: 202536607

Date: 06-22-16