## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 : (850)521-1000 Fax Number

: (850)558-1575

# FOREIGN PROFIT QUALIFICATION

## CORPORATE CENTER THREE OWNER CORP.

Certificate of Status	0
Certified Copy	0
Page Count	71 <del>5</del> -7
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Comporate Filing

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2005

CORPORATE CENTER THREE OWNER CORP. 171 17TH STREET, SUITE 1200 ATLANTA, GA 30363

SUBJECT: CORPORATE CENTER THREE OWNER CORP. REF: W05000039329

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.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp." "Inc.," "Co.," ame in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a dopy 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) 245-6913.

Diane Cushing Document Specialist FAX Aud. #: H05000198131 Letter Number: 805A00052945

Docum.

To the day of the state of the state

## CORPORATE CENTER THREE OWNER LLC 171 17th Street, Suite 1200 Atlanta, GA 30363

## AFFILIATION AND CONSENT TO USE OF NAME

Please be informed that

CORPORATE CENTER THREE OWNER LLC

hereby gives its consent to use of name for use in Florida on behalf of

CORPORATE CENTER THREE OWNER CORP.

Please be informed that both entities are affiliated through a common parent.

Signature:

CORPORATE CENTER THREE OWNER CORP. (Member)

John Opar, Vice President & Asst Secy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of	Center Three Owner Corp.	ED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")	
-	able in Florida, enter atternate corporate na	une adopted for the purpose of transacting business in Florida)
Delaware		3, 20-3293936
•	under the law of which it is incorporated)	(FEI number, if applicable)
August 11,		5. Ferpetual
*	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Dpon filing	with Department of State of	12 12 12 12 12 12 12 12 12 12 12 12 12 1
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
171 17th St	reet, Suite 1200, Atlanta, GA	30363
	(Principal office of	address)
	(Current mailing a	
	(enter it it in the	eddress)
	, -	
	purpose related to real estat	
	purpose related to real estat	
(Purpose(s	purpose related to real estat	r country to be carried out in state of Florida)
(Purpose(s	purpose related to real estate of of corporation authorized in home state of	r country to be carried out in state of Florida)  P.O. Box NOT acceptable)
(Purpose(s Name and <u>suc</u> Name:	purpose related to real estate) of corporation suthorized in home state of a schress of Florida registered agent: ()  Corporation Service Company	r country to be carried out in state of Florida)  P.O. Box NOT acceptable)
(Purpose(s Name and <u>suc</u> Name:	purpose related to real estate) of corporation authorized in home state of a schress of Florida registered agent: ()	P.O. Box NOT acceptable)
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(Purpose(s Name and <u>suc</u> Name:	purpose related to real estate) of corporation suthorized in home state of seddress of Fiorida registered agent: ()  Corporation Service Company 1201 Hays Street	P.O. Box NOT acceptable)
(Purpose(s) Name and successive Mame:	purpose related to real estate) of corporation suborized in home state of a saddress of Florida registered agent: (1 Corporation Service Company 1201 Hays Street Tallahassee (City)	P.O. Box NOT acceptable)
(Purpose(s Name and sure) Name: ffice Address:	purpose related to real estate) of corporation suborized in home state of maddress of Fiorida registered agent: (Corporation Service Company 1201 Hays Street  Tallahassee  (City)	P.O. Box NOT acceptable)
(Purpose(s) Name: Name: ffice Address:  A Registered as a sing been name; signated in this	purpose related to real estate) of corporation suthorized in home state of a schress of Florida registered agent: ()  Corporation Service Company 1201 Hays Street  Tallahassee  (City)  gent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint	P.O. Box NOT acceptable)  Florida 32301  (Zip code)  Typice of process for the above stated corporation at the pattern as registered agent and agree to act in this capacity.
(Purpose(s) Name and sure Name: ffice Address:  A. Registered as a sing been name as gnated in this other agree to come.	purpose related to real estate) of corporation suthorized in home state of a schress of Florida registered agent: ()  Corporation Service Company 1201 Hays Street  Tallahassee  (City)  gent's acceptance: ed as registered agent and to accept see application, I hereby accept the appointments with the provisions of all statutes	P.O. Box NOT acceptable)  Florida 32301  (Zip code)  Tylice of process for the above stated corporation at the pattern as registered agent and agree to act in this capact is relative to the proper and complete performance of my
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chahman: See Addendum	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President See Addendum	
Address:	
Vice President:	
Address:	
	FR B
Secretary:	5 5
Address:	SE - 1
Treasurer;	
Address:	िन ए
	F
NOTE: If necessary, you may attach an addendum to the application listing at	ddiuonal ethicers and/or directors.
13. Signature of Director or Officer listed in number 12 of	the application)
14. John L. Opar	
(Typed or printed name and capacity of person signing	; application)

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## Addendum of Officers

Name of Officer	Title	Business Address
Andreas Limburg	President and Treasurer	171 17th Street, Suite 1200 Atlanta, Georgia 30363
Plerre Rolin	Senior Vice President	171 17th Street, Suite 1200 Atlanta, Georgia 30363
John Carter	Vice President and Secretary	171 17th Street, Suite 1200 Atlanta, Georgia 30363
John Opar	Vice President and Assistant Secretary	171 17th Street, Suite 1200 Atlanta, Georgia 30363

## Addendum of Directors

<u>Name</u>	Title	Business Address
Kovin Hackett	Director	171 17th Street, Suite 1200 Atlanta, Georgia 30363
Andreas Limburg	Director	171 17th Street, Suite 1200 Atlanta, Georgia 30363
Pierre Rolin	Director	171 17th Street, Suite 1200 Atlanta, Georgia 30363

SECRETARY CF STATE,

# Delaware

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PAGE :

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "CORPORATE CENTER THREE OWNER CORP." IS DULY INCORPORATED UNDER THE LANS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING HEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FIRED:

CERTIFICATE OF INCORPORATION, FILED THE ELEVENTH DAY OF AUGUST, A.D. 2005, AT 8:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION.

AND I DO HEREBY FORTHER CERTIFY THAT THE SAID "CORPORATE SAID

AND I DO HEREBY PURTHER CERTIFY THAT THE VRANCHISE TAKES
HAVE NOT BEEN ASSESSED TO DATE.

A 8-46

4014370 8310 050666146



Harrier Smith Hindson, Secretary of Scape

AUTHENTICATION: 4089051

DATE: 08-12-05