

F13000002016

(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



400247533584

RECEIVED

13 MAY -9 AM 10:32

FILED

13 MAY -9 PM 1:06

STOCKHOLM COUNTY
TALLAHASSEE, FL

Push

T Burch MAY 10 2013

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/08/13

NAME: HEALTHCARE TRUST OF AMERICA, INC.

TYPE OF FILING: FOREIGN APPLICATION FOR AUTHORITY

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healthcare Trust of America, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melissa Bengtson, Esq.

Name of Person

DLA Piper LLP (US)

Firm/Company

2525 East Camelback Road, Esplanade II, Suite 1000

Address

Phoenix, AZ 85016

City/State and Zip code

melissa.bengtson@dlapiper.com

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

For further information concerning this matter, please call:

Melissa Bengtson, Esq. at (480) 606-5107

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

FILED
13 MAY -91 PM 1:06
TAMPA, FLORIDA
SECRETARY OF STATE

1. Healthcare Trust of America, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland

(State or country under the law of which it is incorporated)

3. 20-4738467

(FEI number, if applicable)

4. 04/20/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

(Principal office address)

16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

(Current mailing address)

8. Real Estate

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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

Yadira Garcia
Assistant Secretary

By: [Signature]

(Registered agent's signature)

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

Chairman: Scott D. Peters

Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Vice Chairman: _____

Address: _____

Director: Maurice J. DeWald

Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Director: Warren D. Fix

Address: c/o Healthcare Trust of America, Inc.

16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

B. OFFICERS

President: Scott D. Peters

Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Vice President: Mark Engstrom

Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Secretary: Kellie S. Pruitt

Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

Treasurer: Kellie S. Pruitt

Address: 16435 N. Scottsdale Rd., #320, Scottsdale, AZ 85254

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. Kellie S. Pruitt, CFO, Secretary and Treasurer

(Typed or printed name and capacity of person signing application)

HEALTHCARE TRUST OF AMERICA, INC.

**ATTACHMENT TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

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

A. DIRECTORS

W. Bradley Blair, II
c/o Healthcare Trust of America, Inc.
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

Larry L. Mathis
c/o Healthcare Trust of America, Inc.
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

Gary T. Wescombe
c/o Healthcare Trust of America, Inc.
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

B. OFFICERS

Scott D. Peters
Chief Executive Officer
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

Kellie S. Pruitt
Chief Financial Officer
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

Amanda Houghton
Executive Vice President - Asset Management
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

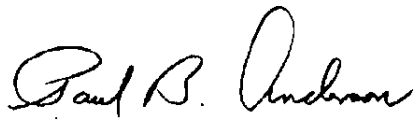
FILED
13 MAY -9 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HEALTHCARE TRUST OF AMERICA, INC., INCORPORATED APRIL 20, 2006, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 07, 2013.



Paul B. Anderson
Charter Division

FILED
13 MAY -9 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097