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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Center 191, LL (Name of Limit	.C ted Liability Company)	_		
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are sul liability company to transact business in Florida				ł
Please return all correspondence concerning this ma	atter to the following:			
William H. Weat	herspoon, In		-	
Weatherspoon & 1 (Fire	·	SECRETARY OF		
P.O. BOX 10324	(Address)	STATE	) 3-28	)
Raleigh, NC 276	05		<b>.</b>	
For further information concerning this matter, plea				
Will Weathersfoon (Name of Person)	at (919 ) 459 - 2390		_	
(Name of Person)	(Area Code & Daytime Telephor	ne Numl	ber)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐\$155.00 Filing Fee & ☐\$160.00 Fi Status Certified Copy o		Certificate t Certified Cop	ру

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: enter 191, LLC
(Name of Foreign Limited Liability Company) North Cacolina
(Jurisdiction under the law of which foreign limited liability 3. 20-8862629
(FEI number, if applicable) company is organized) Perfetual
(Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 4 Raleigh Road, Suite 320 U 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are follows: 1414 Raleigh Road, Suite 320 Chapel Hill, NC 27517 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: \_real estate easing and operations Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) William H. Weatherpoon, In Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Center 191, LLC	_ <del>.</del>	
2. The name and the Florida street address of the registered agent and office are  Donald E. Phillips (Name)  142 W. Platt Street  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Tampa FL 33606	SECRETARY OF STATE TALLAHASSEE, FLORIDA	ED
City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



## NORTH CAROLINA Department of The Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### CENTER 191, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 12th day of April, 2007, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Einsted Liability Company Act; and that the said limited liability company has recommended articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of June, 2007.

Secretary of State

Elaine I. Marshall

Certification# 86834930-1 Reference# 8682359- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification