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#### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: SR 50/HARTLE LANDLORD, LLC (Name of Limited Liability Company)						
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please return all correspondence concerning this matter to the following:						
C/O EVELYN H. COATS						
(Name of Person)						
COATS LAW FIRM						
(Firm/Company)						
35 JOHNSON FERRY ROAD						
(Address)						
MARIETTA, GA 30068						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
EVELYN COATS at ( 678 ) 384-3070						
(Name of Person) (Area Code & Daytime Telephone Number)						
CORPORA ADDRESS						
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building						
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a check for the following amount:  \$\Begin{array}{c} \left\ \ \left\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						

### 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:

	SR 50/HARTLE LANDLORD, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ço	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
2	GA 3. 26-2507073
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	MARCH 14, 2008 (Date of Organization)  5. DECEMBER 31, 2058 (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  C/O RETAIL PLANNING CORPORATION 35 JOHNSON FERRY ROAD  MARIETTA, GA 30068  (Street Address of Principal Office)
	MARIETTA, GA 30068
	(Street Address of Principal Office)
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 as follows:
	G. OWEN BROWN, RETAIL PLANNING CORPORATION
	35 JOHNSON FERRY ROAD
	MARIETTA, GA 30068
th tra	O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)
1	1. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE
	OWNERSHIP
	6 Quen Brown
	Signature of a member or an authorized representative of a member.

Typed or printed name of signee

an affirmation under the penalties of perjury that the facts stated herein are true.)

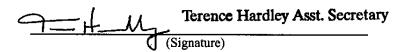
G. OWEN BROWN

## 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 o	f the Limited Liability Compa	iny is:			
SR 50/HAF	RTLE LANDLORD, LL	С	<u>.                                      </u>		
If name unavai	lable, the alternate name to be	used in the state of Florida is:			
2. The name a	nd the Florida street address o	of the registered agent and office	平向 、		
(Name) 1200 South Pine Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	33324 FL			
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.



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

Control No. 08021874

## STATE OF GEORGIA

#### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### SR 50/HARTLE LANDLORD, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 03/14/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of April, 2008

Karen C Handel Secretary of State

Kaun CHaudel

Certification Number: 2879230-1 Reference: Clermont Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp