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(((H100002662213)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

Fax Number

: (850)222-1092 : (850)878~5368

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

Email Address:

Foreign Limited Liability Company CCAL 4050 Rocky Circle Road LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

D. BRUCE

DEC 13 2010

EXAMINER

COVER LETTER

		Name of Limited Liability Company	_
The enclosed ' Existence, and	"Application by Foreign Limited 1 I check are submitted to register th	iability Company for Authorization to Transact Business e above referenced foreign limited liability company to tra	in Florida," Certificate of must business in Florida.
Please return a	all correspondence concerning this	matter to the following:	
	Jim Castro		
		Name of Person	
	CT Corporation		
		Firm/Company	
	1021 Main Street, Su	ite 1150	
		Address	
	Houston, Texas 7700	2	
	·	City/State and Zip Code	English
	mhager@campusad	dv.com	SEE O F
	E-mail addres	s: (to be used for future annual report notification)	
For further inf	formation concerning this matter, p	blease cull:	U:30 STATE LORIDA
<u>Jim</u>	Castro	at (713) 332-3772	9A 0
	Name of Person	Area Code & Daytime Telephone Number	
Divis Regis P.O. 1	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Fiorida and attach a copy of the wriconsent of the managers or managing members adopting the alternate name. The afternate name must include "Limited Liability Company," "L.L.C." "LLC.")	itten
2. Delaware 3. 27-4133711 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
company is organized) (FEI number, II applicable)	
4, December 1, 2010 5. Perpetual	
(Date of Organization) (Daration: 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. 4050 Rocky Circle Road	=
Tampa, Florida 33613) DEC
Control of the Contro	
8. If limited liability company is a manager-managed company, check here	0
	R .
SH :	;;
CampusCal, LLC	S
110 Wild Basin Rd., Suite 365	
Austin, Texas 78746	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recon	rte in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fineign language, a	~ 4.
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: Student Housing	
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 up affirmation under the	
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.)	
Mark Hager, authorized representative	

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:	
CCal 4050 Rocky Circle Road LLC	1000000
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Fiorida street address of the registered ago	ent and office are:
C T Corporation System	DEC 10
(Name)	
1200 South Pine Island Road	To R I
Florida Street Address (P.O. Box NOT A	ACCEPTABLE)
Plantation FI 33324	منتم
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 positionals 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)

Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CCAL 4050 ROCKY CIRCLE ROAD LLC" 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 SECOND DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4905893 8300

101139369

AUTRENTICATION: 8395737

DATE: 12~02-10

You may verify this certificate onlin