# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

\*RE-SUBMIT\*

From:

ACCOUNT Name : C T CORPOLECES PETGIN ORIGINAL filing

Account Number : FCA000000023

Phone : (850)222

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

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### Foreign Limited Liability Company GS Exchange LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

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EXAMINI



May 27, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: GS EXCHANGE, LLC

REF: W11000029276

We have received your document for GS EXCHANGE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy 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) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H11000140369 Letter Number: 111A00013113

#### **COVER LETTER**

| TO:           | Registration Section Division of Corporations   |   |
|---------------|---|---|
| SUBJE         | CCT: OS Exchange, LLC   |   |
|               |   | me of Limited Liability Company   |
| The englisher | closed "Application by Foreign Limited Lia<br>ce, and check are submitted to register the a           | bility Company for Authorization to Transact Business in Florida," Certificate of<br>bove referenced foreign limited liability company to transact business in Florida. |
| Please        | return all correspondence concerning this m   | after to the following:   |
|               | Elige Warfield  |   |
|               |   | Name of Person  |
|               | Greystar GP, LLC  |   |
|               | •   | Firm/Company  |
|               | 18 Broad Street, 3rd Floor  |   |
|               |   | Address   |
|               | Charleston, SC 29401  |   |
|               | * * * *   | City/State and Zip Code   |
|               | ewarfield@greyster.com  | to be used for future annual report notification)   |
| For furt      | her intormation concerning this matter, ples  | ecoali:   |
|               | Elise Warfield  | at (843 579-3222  |
|               | Name of Person  | Area Code & Daytime Telephone Number  |
|               | MAILING ADDRESS: Division of Corporations   | STREET ADDRESS: Division of Corporations  |
|               | Registration Section  | Registration Section  |
|               | P.O. Box 6327<br>Tellahassee, FL 32314  | Clifton Building 2661 Executive Center Circle   |
|               |   | Tailahassoo, FL 32391   |
| Enclos        | ed is a check for the following amou<br>\$125.00 Filing Fee \$\int_{\text{Certificate}} \text{of Sta} | & & \$155.00 Filing Pas & \$\int_\$160.00 Filing Fee, Certificate   |

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|            | MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |                  |
|------------|--|------------------|
| I.         | GS Exchange, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |                  |
| 71         | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the   | <br>S sarrithen  |
| CO         | nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab<br>mpany," "L.L.C." "LLC.")   |                  |
| 2.         | Delaware 3.  | ·                |
|            | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   | -                |
| 4.         | 5/20/2011 5, Perpetual   |                  |
|            | (Date of Organization) (Duration: Year fimited liability company will cease to exist or "perpetual")   | _                |
| б.         | Date of Registration   |                  |
|            | (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty hability)   | _<br>ن           |
| 7.         | 18 Broad Street, 3rd Floor, Charleston, SC 29401   | _ <u>.</u><br>≧≥ |
|            |  | 1 MAY 216        |
|            | (Street Address of Principal Office)   | 7 0              |
| _          | yeu to the sure of the sure to the latest the latest to the sure of the sure o |                  |
| ð.         | If limited liability company is a manager-managed company, check here  | ORP ORP          |
| 9.         | The name and usual business addresses of the managing members or managers are as follows:  | OF CORPORATIONS  |
|            | Greystar Equity Partners VII REIT, LLC   | : <b>12</b>      |
|            | 18 Broad Street 3rd Floor  | Z.               |
|            | Greystar Equity Partners VII REIT, LLC  18 Broad Street, 3rd Floor  Charleston, SC 29401   | <u>:</u>         |
| the<br>tra | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re-<br>jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a<br>relation of the certificate under oath of the translator must be submitted.)  | cords in         |
| 11         | . Nature of business or purposes to be conducted or promoted in Florida: Real estate ownership   | <del>-</del> .   |
|            | + Clar   | ·                |
|            | 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. I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)   |                  |
|            | Crain B. Anderson  |                  |

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 Liabilit   | ty Company is:                                  |  |
|----------------|---------------------------|---|--|
| GS Exchange,   | LLC                       |   |  |
| If unavailable | e, the alternate to be us | ed in the state of Plorida is:                  |  |
| 2. The name    | and the Florida street    | address of the registered agent and office are: |  |
|                | C T Corporation System    | a   |  |
|                |                           | (Name)  |  |
|                | 1200 South Pine Island    | Road .  |  |
|                | Plorida S                 | irest Address (P.O. Box NOT ACCEPTABLE)         |  |
|                | Plantation                | FL 33324  |  |
|                |                           | 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.

By: CT Corporation System

Kimberly Baggett Assistant Secretary

1

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GS EXCHANGE, 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 TWENTY-FIFTH DAY OF MAY, A.D. 2011.

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

4985626 8300

110626332

DATE: 05-25-11

ou may verify this certificate only t corp.delaware.gov/authmer.shtml