Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000246783 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

Foreign Limited Liability Company SLP Tenant, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. SAULSBERRY EXAMINER

OCT 13 2011

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

SLP Tonant, LLC			
(Nune of Foreign	Limited Liability Company	y; must include "Limited Liability Company," "L.L.C.,	"or"LLC")
	or managing members adop	or the purpose of transacting business in Florida and at ting the alternate name. The alternate name must inclu	
Virginia .	eder (P	. 3.	
(Jurisdiction under the company is organized)	law of which foreign limite	ed liability (PBI number, if applicab	le)
May 29, 2007		5 Perpetual	. ,
	f Organization)	(Duration: Year limited liability compexist or "perpetual")	ally will construct
N/A			> ∑
	(See sections 608 201 & 8	sings in Florida, if prior to registration.) 08:502 F.S. to determine penalty Hability)	, New Year
3073 Horseshoe Drive South, Suite 100, Naples, Plorida 34104		SS SS	
			ं क
	(Stre	et Address of Principal Office)	SA SA
If limited liability	company is a manager	managed company, check here 🔀	. · · · · · · · · · · · · · · · · · · ·
			
The name and usu	al business addresses o	f the managing members or managers are as f	ol lows :
SLP Manager, LLC;	3073 Horsesboo Drive South	h, Suite 100, Naples, Florida 34104	
- <u> </u>	<u> </u>		
			•
		· · · · · · · · · · · · · · · · · · ·	
jurisdiction under the la	certificate of existence, no ma aw of which it is organized. (/ cunder eath of the translator n	one than 90 days old, duly authenticated by the official han A photocopy is not acceptable. If the certificate is in a fix nust be submitted.)	ving custody of reco
. Nature of busines	is or purposes to be con	iducted or promoted in Florida:	
To lease real estate.			•
			······································
•			
• • • • • • • • • • • • • • • • • • •			
		or an authorized representative of a member	
	noc with scutton 605,405(3), F.	.5., the execution of this document constitutes as affirmation	under the
ponaltios o	mee with scutten 608,408(3), F. of perjusy that the facts stated h	.5., the execution of this decumple constitutes an affirmation with are true. I am aware that any false information sub-	under the mitted in a
ponaltios o	ince with section 605,405(3), F. of perjury that the facts stated h t to the Department of State	.5., the execution of this document constitutes as affirmation	under the mitted in a

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.

If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
,	C T Corporation System	1
	(Name)	Z#II OCT [2 SECRETAR) ALLAHASSE
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- SSS
	Plantation F1, 33324	Υ ΘΑ 1 Α
	City/State/Zip	STA. 19:
		= = = = = = = = = = = = = = = = = = =
liability compa ogent and agre relating to the p	amed as registered agent and to accept service of process for the above s ny at the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions of proper and complete performance of my duties, and I am familiar with a	tment as registered fall statutes and accept the
oonganons of n	ny position as registered agent as provided for in Chapter 608, Florida . C T Corporation System	Statutes.
	By: Judith Argan. Vice President	

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

. \$ 5.00

FLDS1 - 10/05/2018 C T System Gelling

Commonwall of Hirginian



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That SLP Tenant, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 29, 2007; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

2011 OCT 12 AM 8: 12
SECRETARY OF STATE
TALLAHASSEE, FI OR ID A



Signed and Sealed at Richmond on this Date: October 6, 2011

Josef H. Peck, Clerk of the Commission

CIS0357