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Certified Copies	_ Certificates of	Status		
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Special Instructions to	Filing Oπicer:			
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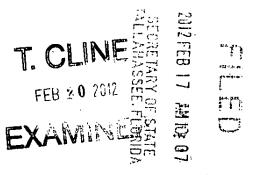
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CORPDIRECT AGE 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE.	nerly CCRS)		
FILING COVER S ACCT. #FCA-14	SHEET			
CONTACT:	RICKY SOT	<u>'o</u>		
DATE:	<u>02/17/2012</u>			
REF. #:	000638.1618	<u>50</u>		
CORP. NAME:	UNIVERSIT	Y RESIDENCES USF, LLC		
() ARTICLES OF INCO	DRPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION	
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
(XX) FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT		() MERGER	() WITHDRAWAL	
() CERTIFICATE OF C	CANCELLATION			
() OTHER:				
		TH CHECK# <u>54337</u> CCOUNT IF TO BE DEBITE		
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COVER LETTER

90 / 21 / 22 / 23
TO: Registration Section Division of Corporations
SUBJECT: University Residences USF, 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:
Debbie Sekerak
Name of Person
Wiles, Boyle, Burkholder & Bringardner Co., LPA
Firm/Company
300 Spruce Street, Floor One
Address
Columbus, Ohio 43215
City/State and Zip Code
dsekerak@wileslaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debbie Sekerak at (614) 221-5216
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy of Status \$\frac{1}{2}\$\$ Certified Copy \$\frac{1}{2

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 RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. University Residences USF, LLC		
(Name of Foreign Limited Liability Company;	must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for consent of the managers or managing members adoption Company," "L.L.C." "LLC.")	the purpose of transacting business in Florida and attach a copy of the wag the alternate name. The alternate name must include "Limited Liability	vritten ly
2. Ohio	3. 45-4551610	
(Jurisdiction under the law of which foreign limited company is organized)	liability (FEI number, if applicable)	
4. January 31, 2012	5. perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. Date first transacted bush	ness in Florida, if prior to registration.)	
(See sections 608,501 & 60	8,502 F.S. to determine penalty (lability)	
7. 495 S. High Street, Suite 150		
Columbus, Ohio 43215	t Address of Principal Office)	
(Jues	Addies of Principal Office)	
8. If limited liability company is a manager-n	nanaged company, check here	
9. The name and usual business addresses of	the managing members or managers are as follows:	
Peter H. Edwards, 495 S. High Stree	et, Suite 150, Columbus, Ohio 43215	
		. •
	e than 90 days old, duly authenticated by the official having oustody of reco .photocopy is not acceptable. If the certificate is in a foreign language, a ust be submitted.)	ni zbn
	flucted or promoted in Florida: own and develop	
real property for a student housing	-rund	20
Peles HEdur	uds ARE	012FEB 17
_	or an authorized representative of a member.	
penalties of perjury that the facts stated he	the execution of this document constitutes an affirmation under the	7
document to the Department of State of	constitutes a third degree felony as provided for in \$101.133, r.3.1, m	
Peter H. Edwards	S C C	3 C
Typed or	r printed name of signee	‡ 07

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 Cor	npany is:
University Residences USF,	, LLC
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street address	ss of the registered agent and office are:
National Corporate Re	esearch, Lid., Inc.
	(Name)
155 Office Plaza D	rive
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32301
	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.

Accid (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

2012 FEB 17 M 的 07 SECRETARY OF STATE.

United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show UNIVERSITY RESIDENCES USF, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2078684, was organized within the State of Ohio on January 31, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of February, A.D. 2012

Ohio Secretary of State

Validation Number: V201246FB619D