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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (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. **

Foreign Limited Liability Company TSO JAX, LLC

Certificate of Status Certified Copy Page Count 04 Estimated Charge \$125,00 (File Zeed)

C. LEWIS JUN -1 2012

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5/31/2012

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	LILED (
	- 12 MAY 31 A	M 0. 1
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZ	ATION TO	1M 8: 17
Transact business in Florida	TALL AHASSEE,	FSTATE
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REG. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	STER A FOREIGN	rLORID;
1, TSO JAX, LLC		- 1
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	j
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Lin Company," "L.L.C." "LLC.")		
2. Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4, 2/9/1998 5, perpetual]
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	cease to	ļ
5 June 1, 2012	·	
(Date first transacted business in Florida, if orior to registration.)		} .
(See sections 608.501 & 608.502 F.S. to determine penalty liability)		1
7. 1401 Peachtree Street NE, Suite 400		
Atlanta, Georgia 30309		
(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	ile iv	
A. Boyd Simpson		
1401 Peachtree Street NE, Suite 400		1
Atlanta, Georgia 30309	والمروس والمراجع والم	
 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language of the certificate under oath of the translator must be submitted.) 	ody of records in grage, a	
1. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Inves	<u>stment</u>	
Seatt C. Atutions	*	
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 combinues an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted it document to the Department of State constitutes a third degree follows as provided for in s.817.155,	R &	1.64
Scott Withrow, Attorney In Fact		l i

Typed or printed name of signee

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

12 MAY 31 AM 8: 17

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE LORIDA UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: TSO JAX, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System (Name)	
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation, pt_ 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.

Jenuth Jernell Kearnev Asst. Secretary

\$ 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. K806203

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF

EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TSO JAX, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 02/09/1998 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 May, 2012

B: P.h.

Brian P. Kemp Secretary of State

Certification Number: 9115116-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.usp