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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 future of annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company Lex Ft. Myers GP LLC

Certificate of Status	0
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CT CORPORATION

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COVER LETTER

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Please return	n all correspondance	concerning this matter to the	ze following:			
	Maria Hall					•
		<i>y</i>	Jama of Person			
•	Lexington Realty Advisors, Inc.			Z _i	2013	
	Pirm/Company One Penn Plaza, Suite 4015 Address New York, NY 10119-4015					是是一口
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		City/S	tate and Zip Code			
	mball@lxp.com					7
	·	B-mail address; (to be used	d for future ampal	report not	lfication)	
For further in	dormation concernin	g this matter, please call:				,
Maria Hall		•	212 _at (692-72	263	
•	Name	of Person Area	a Code & Daytime	Telephon	o Number	
Divis Regi P.O.	ILING ADDRESS: ston of Corporations stration Section Box 6327 hasses, FL 32314	Divisio, Registri Clifton 2661 E	Fr ADDRESS: n of Corporations ation Section Building secutive Conter Ci ssee, FL 32301	role		·
	a check for the fo 25.00 Filing Fee	ollowing amount: \$\sum_\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Cep		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

FLD57 - 12/03/2022 Welton Kluwer Quiler

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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Lex Ft. Myers GP LLC (Name of Poreign 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 Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC,") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) perpetual 01/14/13 (Duration: Year limited liability company will goese to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) c/o Lexington Realty Advisors, Inc.; One Penn Plaza, Suite 4015, New York, NY 10119-4015 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 🔀 The name and usual business addresses of the managing members or managers are as follows: LRA Manager Corp.; c/o Lexington Realty Advisors, Inc.; One Penn Plaza, Suite 4015, New York, NY 10119-4015 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixetign language, a 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: general partner of limited pertuor 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 ponulties 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 felony as provided for in a.817.155, F.S.)

\$1057 - 12/03/2012 Wolton Kluwer Onlice

Typed or printed name of signee

Maria Hall

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 Lex Ft. Myers GP LLC	Company is:	
If unavailable, the alternate to be use	d in the state of Florida is:	•
2. The name and the Florida street ac	idress of the registered agent and office are	MIJ JAN 22 MISECRETARY TALLAHAS
	CT Corporation System	題えて
	(Namo)	ا الماسية
	1200 South Pine Island Road	E S S
Florida St		
Plantation	FL 33324	OF P
	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 us 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.

Sandra Ortega

Assistant Secretar

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PLOS? - 12/83/2012 Wolters Kluwer Ciriles

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LEX FT. MYERS GP 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-SECOND DAY OF JANUARY, A.D. 2013.

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

5274075 8300

130074817

You may verify this certificate online at corp. delaware, gov/authver. shiml

AUTHENTY CATION: 0158911

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DATE: 01-22-13

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