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Fax Number : (850)878-5368

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### Foreign Limited Liability Company PKY OOC LLC

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CT CORPORATION

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#### COVER LETTER

| the enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Ptorida," Certistence, and check are submitted to register the above referenced foreign limited liability company to transact business case return all correspondence concerning this matter to the following:    Steve Hendrix  | PKY OOC LLC   | ne of Limited Liability Company  |
|---|---|--|
| Stave Hendrix  Stave Hendrix  Name of Person  Forman Perry Walkins Krutz & Tardy  Firm/Company  200 S. Lamar Street, Suite 100  Address  Jackson, Mississippi 39201  City/State and Zip Code  Shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please oull:  Stave Hendrix  Area Code & Daytime Telephone Number |   |  |
| Forman Perry Watkins Krutz & Tardy Firm/Company  200 S. Lamar Street, Suite 100 Address  Jackson, Mississippi 39201 City/State and Zip Code  shendrix@fpwk.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:  Steve Hendrix at (601 ) 960-8603  Name of Person Area Code & Daytime Telephone Number                  | enclosed "Application by Foreign Limited Liab<br>stence, and check are submitted to register the at | ility Company for Authorization to Transact Business in Florida, "Certificat<br>bove referenced foreign limited liability company to transact business in Flor   |
| Forman Perry Watkins Krutz & Tardy Firm/Company  200 S. Lamar Street, Suite 100  Address  Jackson, Mississippi 39201  City/State and Zip Code  shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Steve Hendrix  at (601 ) 960-8603  Name of Person  Area Code & Daytime Telephone Number            | use return all correspondence concerning this me  | ntter to the following:  |
| Forman Perry Watkins Krutz & Tardy  Firm/Company  200 S. Lamar Street, Suite 100  Address  Jackson, Mississippi 39201  City/State and Zip Code  shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Steve Hendrix  at (601) 960-8603  Name of Person  Area Code & Daytime Telephone Number            | Steve Hendrix   |  |
| Firm/Company  200 S. Lamar Street, Suite 100  Address  Jackson, Mississippi 39201  City/State and Zip Code  Shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Steve Hendrix  at (601) 960-8603  Name of Person  Area Code & Daytime Telephone Number  |   | Name of Person   |
| 200 S. Lamar Street, Suite 100  Address  Jackson, Mississippi 39201  City/State and Zip Code  Shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Steve Hendrix  at (601) 960-8603  Name of Person  Area Code & Daytime Telephone Number  | Forman Perry Watkins Kri  |  |
| Jackson, Mississippi 39201  City/State and Zip Code  Shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  Steve Hendrix  at (601 960-8603  Name of Person Area Code & Daytime Telephone Number  |   | Firm/Company   |
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| City/State and Zip Code  Shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Steve Hendrix  at (601) 960-8603  Name of Person Area Code & Daytime Telephone Number  |   | Address  |
| Shendrix@fpwk.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Steve Hendrix  at (601 ) 960-8603  Name of Person Area Code & Daytime Telephone Number  | Jackson, Mississippi 392  |  |
| E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:  Steve Hendrix  at (601 ) 960-8603  Name of Person Area Code & Daytime Telephone Number  |   | City/State and Zip Code  |
| Steve Hendrix  Name of Person Area Code & Daytime Telephone Number  | shendrix@fpwk.com   | The City of the Control of the Contr |
| Steve Hendrix at (601 ) 960-8603  Name of Person Area Code & Daytime Telephone Number   | -   |  |
| Name of Person Area Code & Daytime Telephone Number   | further information concerning this matter, plea  | isa call:  |
|   | Steve Hendrix   | <sub>at</sub> (601 ) 960-8603  |
| MAII ING ADDRESS. STREET ADDRESS.   | Name of Person  | Area Code & Daytime Telephone Number   |
|   | MAILING ADDRESS:  | STREET ADDRESS:  |
| Division of Corporations Division of Corporations Registration Section Registration Section   |   |  |
|   | registration section  |  |
| Tallahasses, FL 32314 2661 Executive Center Circle  | P.O. Box 6327   |  |

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#### 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 LIBITLY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

| -   | PKY OOC LLC  |
|-----|--|
| 1.  | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
| _   |  |
| CO  | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter<br>asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability<br>impany," "L.L.C," "LLC.")   |
| 2   | Delaware 3,  |
|     | (furisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |
| 4.  | 5, perpetual   |
|     | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")   |
| б,  |  |
|     | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7.  | 390 N. Orange Avenue, Suite 2400   |
|     | Orlando, Florida 32801   |
|     | (Street Address of Principal Office)   |
| 8.  | If limited liability company is a manager-managed company, check here  |
| _   | The same of the formal transfer of the same of the sam |
| У,  | The name and usual business addresses of the managing members or managers are as follows:  |
|     |  |
|     |  |
|     |  |
|     |  |
| 10. | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in  |
|     | jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a salion of the certificate under eath of the translator must be submitted.)   |
|     |  |
|     | Nature of business or purposes to be conducted or promoted in Florida: ownership of  |
|     | commercial real property   |
|     | SES M SE   |
|     | 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 berein are true, I am aware that any falge information submitted in a   |
|     | document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  |
|     | Steven M, Hendrix  |
|     | Typed or printed name of signee  |

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

I. The name of the Limited Liability Company is:

| If unavailable, the alternate to be used | in the state of Florida is:                   |             |
|--|---|-------------|
| 2. The name and the Florida street add   | iress of the registered agent and office are: | <del></del> |
| CT Corporation Sys                       | tem   |             |
|  | (Name)  |             |
| 1200 South Pine I                        | sland Road                                    |             |
| Plorida Stree                            | et Address (P.O. Box NOT ACCEPTABLE)          |             |
| Plantation_                              | FL 33324                                      |             |
|  | City/State/Zip                                |             |

sd obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. C T Corporation System

Connie Bryan Assistant Secretary

\$ 100.00 Filing Fee for Application Designation of Registered Agent 25.00 Certified Copy (optional) 30.00 5,00 Certificate of Status (optional)

# Delaware

DACE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PKY COC 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-NINTH DAY OF JANUARY, A.D. 2013.

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

5281015 8300

130103454

You may verify this cortificate online at corp. delaware. gov/authwez. shtml

AUTHENTY CATION: 0176640

DATE: 01-29-13