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| (Re | questor's Name) | |
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| . (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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FALLAHASSES, FLORIBA

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ACCOUNT NO. : I2000000195

REFERENCE : 689490 4814233

AUTHORIZATION :

COST LIMIT : \$ 125.00 Character

ORDER DATE: June 14, 2013

ORDER TIME : 2:59 PM

ORDER NO. : 689490-025

CUSTOMER NO: 4814233

FOREIGN FILINGS

NAME: LIVINGSTON FL PARTNERS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | | |
|---|---|--|
| Livingston FL Partners, LLC | | |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Compa | ny," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in I consent of the managers or managing members adopting the alternate name. The alternate name Company," "L.L.C," "LLC.") | Florida and attach a copy of the written ne must include "Limited Liability | |
| 2. Delaware 3 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number | r, if applicable) | |
| 4. June 11, 2013 5. Perpetual | | |
| (Date of Organization) (Duration: Year limited exist or "perpetual") | (Duration: Year limited liability company will cease to | |
| 6. Upon Qualification | | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability | y) | |
| 7. 3424 Peachtree Road NE Suite 300 | | |
| Atlanta, GA 30326 | 1.75 2.75 2.75 2.75 2.75 2.75 2.75 2.75 2 | |
| (Street Address of Principal Office) | 74. SA | |
| 8. If limited liability company is a manager-managed company, check here | ψ. Δ. | |
| Portfolio 8 Investors, LLC | gers are as follows: | |
| 3424 Peachtree Road NE Suite 300 | 53 53 | |
| Atlanta, GA 30326 | | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated be the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the cert ranslation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: | ificate is in a foreign language, a | |
| not specifically prohibited to limited liability companies under the laws of the state | of Florida | |
| not specifically promoted to infinited flability companies brider the laws of the state | * | |
| | | |
| Signature of a member or an authorized representative of | of a member. | |
| (In accordance with section 608.408(3), F.S., the execution of this document constitute penalties of perjury that the facts stated herein are true. I am aware that any false is document to the Department of State constitutes a third degree felony as proven the state of the constitutes are true. | es an affirmation under the nformation submitted in a vided for in s.817.155, F.S.) | |
| Portfolio 8 Investors, LLC, a DE LLC By: Mike Altman, Man- | ager | |

Typed or printed name of signee

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.

| | ne of the Limited Liability Con FL Partners, LLC | mpany is: | |
|--|---|--|---|
| If unavaila | ble, the alternate to be used in | the state of Florida is: | |
| 2. The nan | ne and the Florida street addre | ss of the registered agent and office are: | 700 00 |
| | Corporation Service Comp | any | |
| | | (Name) | |
| | 1201 Hays Street | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| | Tallahassee | FL 32301 | 電電 名 |
| | | City/State/Zip | - . |
| liability con registered a statutes rela | npany at the place designated in agent and agree to act in this cal ating to the proper and complet abligations of my position as reg Corporation Service Compan By: | gnature) | ntment as provisions of all liar with and |
| | \$ 100.0 | 0 Filing Fee for Application | |

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LIVINGSTON FL PARTNERS, 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 FOURTEENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVINGSTON FL PARTNERS, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2013.

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

5348902 8300

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Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 0513367

DATE: 06-14-13

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