Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130001586793)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155 Phone

: (813)253-2020

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company HC-1946 Town Park Boulevard, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130,00

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Corporate Filing Menu

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JUL 17 2013

J. BRYAN

7/16/2013

H13000158679

		ESS IN FLORIDA
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATU LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	TES, HE S	THE FOLLOWING IS SUBMITTED TO REGISTER A FORES
_{1,} HC-1946 Town Park Boulevard, LLC		- Fr
(Name of Foreign Limited Liability Company; must inc	lude	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C." "L.L.C.")	lem	of transacting business in Plorida and attach a copy of the written the name. The alternate name must include "Limited Liability
_{2.} Delaware	3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	٠.	(FBI number, If applicable)
₄ 7/8/2013	5	Perpetual
(Date of Organization)		(Duration: Year Ilmited Hability company will cease to exist or "perpetual")
6. N/A		
(Date first transacted business in (See sections 608.301 & 608.502 P	Plori .S. t	da, if prior to registration.) o determine penalty liability)
_{7.} 4211 W. Boy Scout Boulevard, Sul	lte	500
Tampa, FL 33607		
	\$ 8 0	Principal Office)
8. If limited liability company is a manager-manage	ed c	ompany, check here
9. The name and usual business addresses of the ma	ana	ging members or managers are as follows:
Carter/Valldus Operating Partners	hlp	, LP, a Delaware limited partnership
4211 W. Boy Scout Boulevard, St	ılte	500
Tampa, FL 33607	·	
10. Attached is an original certificate of existence, no more than the juristiction under the law of which it is organized. (A photo translation of the certificate under eath of the translation must be	сору	
11. Nature of business or purposes to be conducted	or	promoted in Florida: manage investments made
 Nature of business or purposes to be conducted by related companies 	lor	promoted in Plorida: manage investments made
by related companies		promoted in Fibrida.
by related companies		promoted in Fibrida.
by related companies Signature of a member or an	aut	horized representative of a member.
by related companies Signature of a thember or an (in accordance with section 608.408(3), F.S., the e possibles of peduty that the facts stated herein an	aut execu	horized representative of a member. Ilon of this document constitutes an affirmation under the
by related companies Signature of a thember or an (in accordance with section 603.408(3), F.S., the e- possibles of perjury that the facts stated herein and	aut execu s truc	herized representative of a member. Ilon of this document constitutes an affirmation under the I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)

H13000158679

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 PLORIDA.

HC-1946 Town Park Boul		TALL
2. The name and the Florida street address	of the registered agent and office are:	CRETARY LAHASSI
Lisa A. Drummon	nd _	NY OF STATE ASEE, FLORIDA
	(Name)	PART S
4211 W. Boy \$cou	ut Boulevard, Suite 500	``
Florida Street Ade	dress (P.O. Box NOT ACCEPTABLE)	
Tampa	_{FL} 33607	

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HC-1946 TOWN PARK BOULEVARD, 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 FIFTEENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HC-1946 TOWN PARK BOULEVARD, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2013.

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

5362963 8300

130877812

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

AUTHENTICATION: 0585141

DATE: 07-15-13