(1/5)

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000174868 3)))



H130001748683ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 annual report mailings. Enter only one email address please

Email Address:

Foreign Limited Liability Company PKY CYP4, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help_L Shivers AUG 0 7 2013

CR2E027 (9/10	"	CO	/er lettei	2				
	gistration Section vision of Corporations							
SUBJECT:	PKY CYP4, LLC							
		Name of Li	nited Liability C	onipany				
The enclosed Existence, an	i "Application by Foreign Lin id check are submitted to regi	nited Liability Con ster the above refe	apany for Author renced foreign lis	ization to Ti mited liabili	ransact Business ty company to t	s in Florida," ransact busin	Certifi ess in E	cate of Florida.
Please return	all correspondence concerni	ng this matter to th	e foliowing:					
	Linda Smith							
		N	ame of Person					
	Parkway Properties, Inc.							•
	· · · · · · · · · · · · · · · · · · ·	F	rm/Company					
	390 N. Orange Avenue,	Suite 2400						
			Address	<u> </u>	·			
	Orlando, FL 32801					g Wagner has a		
	-	City/S	tate and Zip Cod	e		V.		
	lsmith@pky.com					[-66	<u>ဃ</u> .	d masks
	E-mail	ddress: (to be use	for future annui	l report not	(fication)	A.T	AUG	1758 Alle Maria
For further in	formation concerning this ma	ster, please call:	,		•	ESSE SSE	9-	giorneco giorneco
Line	da Smith		407 at (581-29	905		AH	
	Name of Person	Are	n Code & Daytin	e Telephon	o Number	95 95	္ကာ	Part, and the
MA	ILING ADDRESS:	STRE	ET ADDRESS:			A A	<u> </u>	San San
	sion of Corporations		n of Corporation	5		>	_	
_	istration Section Box 6327		ation Section Building					
	shassee, FL 32314	2661 E	xecutive Center (issee, FL 32301	Circle				
Enclosed is	a check for the followin	g amount:						
□ \$1	125.00 Filing Fee 🕒 \$130	.00 Filing Fee & ificate of Status	□ \$155.00 Fill Certified C		S160.00 Fi	iling Fee, Ce & Certified C		•

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:

I. PKY CYP4, LLC	
(Name of Foreign 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C," "LLC.")	vritten Y
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 06/24/13 5. perpetual	
(Date of Organization) (Duration: Year limited Hability company will cease to exist or "perpetual")	
6. NA	
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608.502 F.S. to determine penalty liability)	
7 CT Corporation	
1209 Orange Street, Wilmington, DE 19801	स्वर्
(Street Address of Principal Office)	ţ
If limited liability company is a manager-managed company, check here	i i
7. The name and usual business addresses of the managing members or managers are as follows:	1
Parkway Properties, LP	3 22
DA O	,
	ı
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a mansintion of the certificate under oath of the translation must be submitted.)	cards i
1. Nature of business or purposes to be conducted or promoted in Florida:	
To acquire, own, develop, operate, maintain, finance, and manage real estate projects	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608,408(3), RS., the execution of this document constitutes an affirmation under the	
penalties 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 thirth-degree felony as provided for in s.817.155, P.S.)	
Jeremy Dorsell	
Typed or printed name of sience	

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 Liabili PKY CYP4, LLC	ty Company is:			
If unavailable, the alternate to be us	sed in the state of Florida is:		_	
2. The name and the Florida street	address of the registered agent and office are:	er.	-	
	C T Corporation System	[€] .TAE	ಪ	
	(Name)	L AH	13 AUG	e de centre
	1200 South Pine Island Road	ASS	5	2000 A
Florida	Street Address (P.O. Box NOT ACCEPTABLE)	E C	3	i de la companya de l
Planintion	FL 33324 City/State/Zip	STATE LORIDA	8: 20	S. Same
		A	ب	

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.

By:

C T Corporation System

Michael Jones

Assistant Secretary

(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PKY CYP4, 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 SIXTH DAY OF AUGUST, A.D. 2013.

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

13 AUG -6 AM 8: 21
SECKE TARY OF STATE
JALLAHASSEE, FLORIDA

5342024 8300

130959478

You may vorify this certificate online at corp.delaware.gov/authvor.shtml AUTHENTS CATION: 0643723

DATE: 08-06-13