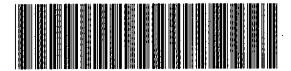
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
- Certified Copies Certificates of Status
Special Instructions to Filing Officer:

(Requestor's Name)

Office Use Only



700249674197

J. SAULSBERRY EXAMINER

AUG 13 2013



ACCOUNT NO. : I20000000195

REFERENCE: 755066 7185856

AUTHORIZATION :

COST LIMIT :

ORDER DATE : August 7, 2013

ORDER TIME : 3:53 PM

PLEASE FILE 2ND\*\*

DUE TO CONVERSION

ORDER NO. : 755066-080

WITHDRAWAL IS FILE 1ST\*\*

CUSTOMER NO: 7185856

#### FOREIGN FILINGS

NAME: OFFICE SUITES PLUS PROPERTIES,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

# 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 FOREKEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	i
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")	
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. (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)	
4. 6 19 98 (Date of Organization)  5. Ol v Ol tu Cl (Dutation: Year limited liability company will cease to exist or "perpetual")	
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
15305 Dallas Parkway Suite 900 ==	
Addison Tx 75001	-
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	•
9. The name and usual business addresses of the managing members or managers are as follows:	
CATICE SUITES FIRE CCC SURFINERY	
15305 Dallas Parkway, Suite 900	
Addison, TX 75001	
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 foreign language, a translation of the certificate under oath of the translator must be submitted.)	e <b>l</b>
11. Nature of business or purposes to be conducted or promoted in Florida:	
operate executive synte business centers	
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 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 s.817.155, F.S.)	
Typed or printed name of signec	

# 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.

	of the Limited Liability UITES PLUS PRO	. ,	
If unavailable,	the alternate to be used	d in the state of Florida is:	
2. The name a	and the Florida street as	Idress of the registered agent and office are:	
		(Name)	
	1201 Hays Street		- 133 - 133 - 133
	riorida St	reet Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301 City/State/Zip	
			_ <u></u>

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.

Corporation Service Company

Sue G. Knight

Assistant Vice President

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

CR2E027 (9/10)

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Office Switcs Plus Properties, LUC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Michelle Hargis Name of Person
Firm/Company
15305 Dallas Pkwy Ste 400
Hadison TX 75001
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Signal Code  City/State and Zip Code  Signal Code  City/State and Zip Code  Signal Code  City/State and Zip Code
For further information concerning this matter, please call:
MICHUL Hardis at 214, 295 2308  Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations  Registration Section P.O. Box 6327  Tallahassee, FL 32314  MAILING ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{c} \Boxed{1} \\$125.00 \text{ Filing Fee} \\ \Central{c} \Boxed{1} \\$130.00 \text{ Filing Fee} \& \Boxed{1} \\$155.00 \text{ Filing Fee} \& \Boxed{1} \\$160.00 \text{ Filing Fee}, \text{ Certificate} \\ \text{ Certified Copy} \end{array} \]  Certified Copy of Status & Certified Copy

### STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: June 19, 1998 JURISDICTION

: K823387 : Georgia

PRINT DATE

: 8/7/2013 10:52:10 AM

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### OFFICE SUITES PLUS PROPERTIES, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

Tracking #: wQSVeVbj