M1300001734

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

Office Use Only



600254350526

13 DEC -9 PH 4: 20

2013 DEC -9 AM II: 23

(DEC 1 0 2013

 $D(L_{n,\gamma}) \subseteq$



ACCOUNT NO. : 12000000195

REFERENCE : 913623

4304335

AUTHORIZATION : C

COST LIMIT :

ORDER DATE: December 9, 2013

ORDER TIME : 3:32 PM

ORDER NO. : 913623-010

CUSTOMER NO: 4304335

FOREIGN FILINGS

NAME:

GARRISON ORLANDO FLEX

NORTHLAKE LLC

XXXX QUALIFICATION (TYPE: LL)	<u> </u>	<u></u>	OMITTION.
· — – · — · — ·	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	30	} }
		C	CPCTUEF
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	1888 1888	-9	Par
CERTIFIED COPY XX PLAIN STAMPED COPY	5 36 S 36	<u> </u>	
CERTIFICATE OF GOOD STANDING	ACIRC GLEVI	l: 23	Tane 1

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

78 28

CR2E027 (9/10)

COVER LETTER

	Garrison Orlando Flex Northl	ake LLC		
SUBJECT:		Name of Limited Liability Company	-	
The enclose Existence, a	d "Application by Foreign Limited nd check are submitted to register	Liability Company for Authorization to Transact Business in the above referenced foreign limited liability company to tran	i Florida," Certificate of isact business in Florida	
Please return	n all correspondence concerning th	is matter to the following:		
	Brad Harris			
		Name of Person		
	Garrison Investment Grou	p ,		
•	-	Firm/Company		
	1290 Avenue of the Americas, Suite 914			
	Address			
	New York, NY 10104			
	·	City/State and Zip Code		
	bharris@garrisoninv.com		· 	
	E-mail addr	ess: (to be used for future annual report notification)	2013	
For further in	nformation concerning this matter,	please call:	AND C	
		at ()	SS 5	
	Name of Person	Area Code & Daytime Telephone Number		
Div Reg P.O	ision of Corporations sistration Section Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	STATE CORIGA	
	_	Filing Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filin	ng Fee, Certificate Certified Copy	

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:

Garrison Orlando Flex Northlake LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
<u> </u>	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 12/18/2012 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. ^{12/21/2012}	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.)	ida, if prior to registration.) to determine penalty liability)
7. Garrison Investment Group, 1290 Avenue of the Americ	as, Suite 914, New York, NY 10104
(Street Address o	of Principal Office)
9. The name and usual business addresses of the management	;
GREF II REIT OP LP, c/o Garrison Investment Group, 2	
10104	
-	TO THE
10. Attached is an original certificate of existence, no more than 90 d he jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under eath of the translator must be subm	
Nature of business or purposes to be conducted or p	·
Sara Hand	libode
Signature of a member or an auth	norized representative of a member.
penalties of perjury that the facts stated herein are true.	tion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
Sara Handibode	

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.

	of the Limited Liability C	Company is:		
If unavailable	the alternate to be used i	in the state of Florida is:	•	
2. The name	and the Florida street addr	ress of the registered agent and office are:		
	Corporation Service Con	npany		
		(Name)		
	1201 Hays Street			
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301 City/State/Zip	2013 DEC	
liability compo registered age statutes relativ	any at the place designated ant and agree to act in this and agree to act in this and to the proper and compligations of my position as recording to Corporation Service Company.	and to accept service of process for the above stated limited. In this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, Florida Signature	-9 AHII: 23	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 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 "GARRISON ORLANDO FLEX NORTHLAKE
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 FOURTH DAY OF DECEMBER,
A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2013 DEC -9 AH 11: 23

5261676 8300

131378805

DATE: 12-04-13

TION: 0947632

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