

114000000610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

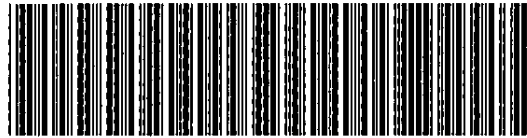
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/28/14--01018--026 **155.00

14 JAN 29 PM 4:30
TALLAHASSEE
RECEIVED

J. Shivers JAN 30 2013



HIQ Corporate Services, Inc.

715 St. Paul Street • Baltimore, Maryland 21202 • Phone: 800.564.5300 • Fax: 866.752.2808
www.hiqagents.com

VIA FEDERAL EXPRESS

January 27, 2014

Florida Department of State - Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: LYRIC 12 FACILITIES MASTER TENANT II, LLC
Application for Authority

Dear Sir/Madam:

Enclosed please find one Application for Authority along with good standing certificate for filing on behalf of the above. A check in the amount of \$155.00 in payment of the filing and certified copy fee is also enclosed.

Kindly process the enclosed and return the evidence to us via FedEx/Priority using the enclosed return **airbill** or billing our account 138244512. Please call immediately should there be any problem relating to our request.

Please do not hesitate to contact me should you have any questions. Thank you!

Very truly yours,

HIQ CORPORATE SERVICES, INC.



Maggie Hope

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LYRIC 12 FACILITIES MASTER TENANT II, LLC
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:

MAGGIE HOPE

Name of Person

HIQ CORPORATE SERVICES, INC.

Firm/Company

715 SAINT PAUL STREET

Address

BALTIMORE, MD 21202

City/State and Zip Code

mhope@hiq-agents.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGGIE HOPE

Name of Contact Person

410 752-8030

at () Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **LYRIC 12 FACILITIES MASTER TENANT II, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-2545221**

(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1422 CLARKVIEW ROAD**

BALTIMORE, MD 21209

(Street Address of Principal Office)

6. **1422 CLARKVIEW ROAD**

BALTIMORE, MD 21209

(Mailing Address)

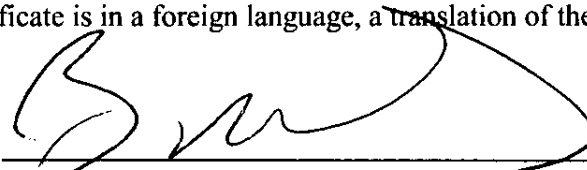
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

BRIAN REYNOLDS, MANAGER, 1422 CLARKVIEW ROAD, BALTIMORE, MD 21209

DANIEL BAIRD, MANAGER, 1422 CLARKVIEW ROAD, BALTIMORE, MD 21209

DAVID ART, MANAGER, 4100 MONUMENT CORNER DRIVE, SUITE 500, FAIRFAX, VA 22030

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

BRIAN REYNOLDS

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Liability Company is:

LYRIC 12 FACILITIES MASTER TENANT II, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

TRAC - THE REGISTERED AGENT COMPANY

(Name)

1574 VILLAGE SQUARE BOULEVARD, SUITE 100

Florida Street Address (P.O. Box NOT ACCEPTABLE)

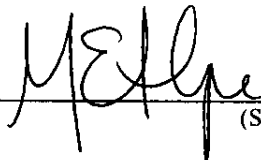
TALLAHASSEE

32309

FL

City/State/Zip

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 605, Florida Statutes.



(Signature)

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

FILED
TALLAHASSEE, FLORIDA
14 JAN 20 PM 1:30

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LYRIC 12 FACILITIES MASTER TENANT II, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYRIC 12 FACILITIES MASTER TENANT II, LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2013.

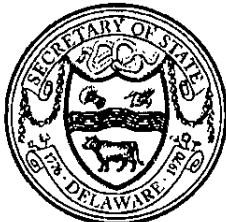
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

14 JAN 28 2:14:30
RECEIVED
DEPARTMENT OF REVENUE
DELAWARE

5317149 8300

140080629

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1078026

DATE: 01-23-14