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| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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| CONTACT: | Kim Weider | <u>ıbach</u> | | | |
| DATE: | 02/11/14 | | | | |
| REF. #: | 9048009 | | | | |
| CORP. NAME: | RICHLANI | O TOWERS – KNOXVILLE, LLC | | | |
| () ARTICLES OF INCORPORATION () ANNUAL REPORT (XX) FOREIGN QUALIFICATION () REINSTATEMENT () CERTIFICATE OF CANCELLATION | | () ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER | () FICTITIOUS NAME | | |
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Examiner's Initials

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

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

| 1. Richland Towers - Knoxville, 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 alterna | te name must include "Limited | | | | | | |
| Liability Company," "L.L.C," or "LLC.") | a transfer and Diffitted | | | | | | |
| 2. Delaware 3 | | | | | | | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | | | | | | | |
| 4 | 7 | | | | | | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | | | | | | | |
| 400 N. Ashley Drive, Suite 3010, Tampa, FL 33602 | | | | | | | |
| 5 | SS N | | | | | | |
| | mo = im | | | | | | |
| (Street Address of Principal Office) 400 N. Ashley Drive, Suite 3010, Tampa, FL 33602 | SIAI LORA | | | | | | |
| 6. 400 N. Asiney Drive, Saite 30 to, Tampa, 1 2 33002 | | | | | | | |
| | | | | | | | |
| (Mailing Address) | - | | | | | | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to | o manage is/are: | | | | | | |
| Richland Towers Funding, LLC - Managing Member | | | | | | | |
| | | | | | | | |
| 400 N. Ashley Drive, Suite 3010, Tampa, FL 33602 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly aut | | | | | | | |
| having custody of records in the jurisdiction under the law of which it is organized. (acceptable. If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. | | | | | | | |
| 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 p | erjury that the facts stated herein are true. | | | | | | |
| am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as p | rovided for in s.817.155, F.S.) | | | | | | |
| Tohn C. Troutman Typed or printed name of signee | | | | | | | |
| 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.

| | | Liability Company is: S - Knoxville, LLC | | | | |
|-------------------|---------------|--|---|--|----------|--------------------------|
| If unavailable, t | the alternate | to be used in the state of Florida is: | | | | |
| 2. The name ar | nd the Florid | a street address of the registered agent and office are: | * | SECRE TARY TALLAHASS | 146 | |
| | Dawn | Lemons | | RETAI | 14 FEB 1 | EL CONTLÀGA "TIMBONE" |
| | | (Name) | | 33S | 2 | į |
| | 400 N | . Ashley Drive, Suite 3010 | | OF STATE FLORIDA | AH 9: | |
| | , | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | 86 12 13 13 13 13 13 13 13 13 13 13 13 13 13 | 9: 29 | "Rigger |
| | Tampa | FL 33602 | | | | |
| | | 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RICHLAND TOWERS - KNOXVILLE, 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 ELEVENTH DAY OF DECEMBER, A.D. 2013.

14 FEB 12 AM 9: 29
SECRETARY OF STATE

5442343 8300

131410840

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0970471

DATE: 12-11-13

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