Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

Ema: 1 Address:

RECEIVED

Foreign Limited Liability Company GPT South River Owner LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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GPT South	River Owner LLC	
SUBMINE IT	Name of Limited Liability Company	
The enclosed "Application by Foreign Li Existence, and check are submitted to re-	mited Liability Company for Authorization to Tra- gister the above referenced foreign limited liability	nsact Business in Florida," Certificate
lease return all correspondence concern		company to distribute our most at 1 forte
Mary Paris		
Trial y alls	Name of Person	
Triad Professio	nal Services, LLC	200
	Firm/Company	22 22 22 22 22 22 22 22 22 22 22 22 22
1720 Windward	Concourse, Suite 390,	64 N
	Address	P. 1
Alpharetta GA	30005	
	City/State and Zip Code	· 02
jbaden@triadpr	ros.com	₹ ⊘
E-n	nail address: (to be used for future annual report notifica	ation)
or further information concerning this n	natter, please call:	
Mary Paris	.770 .777	'-2091
Name of Conta		vtime 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	·

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:

J. GPT South River Owner LLC		
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "LLLC,"	'or "LI,C.")
(If name unavailable, enter alternate name adopted for the purpose of transhility Company," "L.L.C." or "LLC.")	tsacting business in Florida. The alternate	name must include "Limited
_{2.} Delaware		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if app	icable)
4.		2014
(Date first transacted business in F (See sections 605,0904 & 605,0905, F	lorida, if prior to registration.) F.S. to determine penalty liability)	
5. 521 Fifth Avenue, 30th Floor New	• •	हिन्दू हैं। इस्ते हैं।
	of Principal Office)	TO TO
_{6.} 521 Fifth Avenue, 30th Floor New	York, NY 10175	2 Q
`	Address)	
7. The name, title or capacity and address of the perso GPT Property Trust LP, Member	n(s) who has/have authority to	manage is/are:
521 Fifth Avenue, 30th Floor New Y	York, NY 10175	
8. Attached is an original certificate of existence, no me having custody of records in the jurisdiction under the lacceptable. If the certificate is in a foreign language, a thrust be submitted)	law of which it is organized. (A	photocopy is not
5)2	nten c	
In accordance with section 605.0203, F.S., the execution of this document constant in aware that any false information submitted in a document to the Department of EDWARD J.	l'State constitutes a third degree folony as pro- MATEY JR.	
Vice Presiden Typed or printed		<u> </u>

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.

	Limited Liability Com River Owne	• •			
If unavailable, the a	lternate to be used in t	he state of Florida is:			
2. The name and th	e Florida street addres	s of the registered agent and office are:		2814	
<u>N</u>	RAI Services	, Inc.	12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /	JUL 23	Times.
		(Name)		ယ	1
12	200 South Pir	ne Island Road		FH 12	-
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	— w: 설탁	0	
Pia	intation,	FL 33324	iian († 1 1an	2	
		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

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GPT SOUTH RIVER OWNER 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 JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GPT SOUTH RIVER OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2014.

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

5572075 8300

140985682

You may varify this certificate coline

Jeffrey W. Bullock, Secretary of State

DATE: 07-23-14