

**H140000006004**

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, LLC  
 Account Number : I2002000094  
 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.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
**GPT NW 112 STREET OWNER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2014 AUG 20 A 10:46  
 SECRETARY OF STATE  
 FLORIDA

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DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

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B. BOSTICK

AUG 21 2014

8/20/2014 10:00 AM  
 EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GPT NW 112 Street Owner 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:

Mary Paris

**Name of Person**

Triad Professional Services, LLC

Final Company

1720 Windward Concourse, Suite 390,

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### Address

Alpharetta GA 30005

**City/State and Zip Code**

[ibaden@triadpros.com](mailto:ibaden@triadpros.com)

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

For further information concerning this matter, please call:

Mary Paris

770

777-2091

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**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

REGISTRATION  
OF STATE  
LAWMAKERS  
NUMBER, FLORIDA

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2014 AUG 20 A 10:44

**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. GPT NW 112 Street Owner 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.**

(FEI 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. 521 Fifth Avenue, 30th Floor New York, NY 10175**

**6. 521 Fifth Avenue, 30th Floor New York, NY 10175**

(Street Address of Principal Office)

**GPT Property Trust LP, Member**

**521 Fifth Avenue, 30th Floor New York, NY 10175**

**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)**

*Edward J. Matey Jr.*

**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.)

**EDWARD J. MATEY JR.**

**Vice President**

**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:

**GPT NW 112 Street Owner 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:

**NRAI Services, Inc.**

(Name)

**1200 South Pine Island Road**

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

**Plantation,**

**33324**

**FL**  
City/State/Zip

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*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.*

**Mary Parks**

(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 "GPT NW 112 STREET 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 NINETEENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GPT NW 112 STREET OWNER LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2014.

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

2014 AUG 20 A 10:46

DEPARTMENT OF STATE  
STATE OF DELAWARE

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1633018

DATE: 08-19-14