# M14000007016

(Red	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



900263698029

RECEIVED
14 SEP 29 FM 4: 27
14 SEP 29 FM 4: 27

BIVISION OF CORPORATION

16 SEP 29 PH 12: 37

SEP 30 2014 J. HARRIS



ACCOUNT NO. : I2000000195 REFERENCE : 317532 7468676 AUTHORIZATION : COST LIMIT : ORDER DATE: September 29, 2014 ORDER TIME: 3:32 PM ORDER NO. : 317532-005 CUSTOMER NO: 7468676 FOREIGN FILINGS NAME: 201 NORTH FRANKLIN TAMPA, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Courtney Williams -- EXT# 62935

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHRJECT

201 North Franklin Tampa, 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:

Rondi C. Needler
Name of Person
Barack Ferrazzano
Firm/Company
200 West Madison #3900
Address
Chicago, IL 60606
City/State and Zip Code
rondi.needler@bfkn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rondi C. Needler

<sub>at</sub> 312

629-7333

Name of Contact Person

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 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:

(If name unavailable, enter alternate name adopted for the Liability Company," "L.L.C," or "LLC.")	the purpose of transacting business in Florida. The alternate name in	nust include "Limited	
<sub>2.</sub> Delaware	3. Applied for		
(Jurisdiction under the law of which foreign limited I company is organized)	liability (FEI number, if applicable)		
<sub>4.</sub> Upon Registration		14 Silvis	
(Date first transac (See sections 605.09	cted business in Florida, if prior to registration.) 04 & 605.0905, F.S. to determine penalty liability)	SET SEE	
5. 1201 Hayes Street		29 29	
Tallahassee, Florida	32301 (Leon County)	PM 12: 3	
	(Street Address of Principal Office)	· ·	
<sub>6.</sub> same		37	
	(Mailing Address)		
7. The name, title or capacity and address	s of the person(s) who has/have authority to mana	ge is/are:	
Terra Funding-Tampa E	-	-	
Total analig Tampa :	24, 220, 2010		
841 Bishop Street, Suite	e 1700, Honolulu, HI 96813		
having custody of records in the jurisdiction	istence, no more than 90 days old, duly authenticat on under the law of which it is organized. (A photo language, a translation of the certificate under oat	ocopy is not	

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.)

Rondi C. Needler, Authorized Person

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	of the Limited Liability	y Company is:	
201 North Fran	klin Tampa, LLC		
If unavailable,	the alternate to be use	ed in the state of Florida is:	
2. The name a	nd the Florida street a	ddress of the registered agent and office are:	alvis
	Corporation Service (	Company	SEP SEP
		(Name)	29 SERVI
	1201 Hays Street		PH 12:
Florida Street Address (P.O. Box NOT ACCEPTABLE)		12: 37	
	Tallahassee	FL 32301	
	<del> </del>	City/State/Zip	<del></del>

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.

Corporation Service Company
By:

Courtney Williams
Asst. Vice President

\$ 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 "201 NORTH FRANKLIN TAMPA, 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-NINTH DAY OF SEPTEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "201 NORTH FRANKLIN TAMPA, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2014.

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

5565268 8300

141233200

AUTHENTY CATION: 1738034

DATE: 09-29-14

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