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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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 Banyan Street/GAP Resource Square One Owner, LLC

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$125.00

Electronic Filing Menu Corporate Filing Menu

Help B. BOSTICK

OCT - 7 2014

COVER LETTER

	stration Section sion of Corporation	:					
SUBJECT:	Banyan Street/GAP	Resource Square One C	wner, LLC				
202011011		Name of Li	nited Liability Company	i			
				Liability Company any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida ollowing: and of Person and Company Address The anal Zip Code To future unaual report notification)			
Please return	all correspondence c	oncerning this matter to	the following:				
	Linda Smith						
			Name of Person				
	Parkway Propert	ies Inc					
			Firm/Company				
	390 N. Orange /	Avenue, Stc. 2400					la
			Address	_			
	Orlando, FL 328	301					
		c	ty/State and Zip Code				
	ismith@pky.com		··		<u> </u>	291	
		E-mail address: (to be	used for fultire annual n	eport natification)		- -	ľ
For further in	formution concerning	g this matter, please call	:		22		
Line	da Smith		407	S81-2905	<i>-</i> ~	o" <u>"</u>	-
-	Name o	Contact Person	Area Code	Daytime T	elephone Number		Ü
Divi Regi P.O.	ILING ADDRESS: ston of Corporations istration Section Box 6327 ahassee, FL 32314	Div Res Clis 266	REET ADDRESS: ision of Corporations distration Section from Building 1 Executive Center C lahassee, FL 32301		STATE LORIBA	ي 98 ع	
	a check for the f 125.00 Filing Fee	ollowing amount: \$130.00 Filing Fee Certificate of Statu			160.00 Filing Fee, C f Slatus & Certified		

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. Hanyan Street/OA	P Resource Square	One Owner, LLC					
(Name of	Foreign Limited Lieb	pility Company; must	include "Limited"	Liability Company,	" "L.L.C.," or "	LUC.")	
(If name unavailable, er Liability Company," "L		opted for the purpose	of transacting bus	uncss in Florida. Ti	he alternate nam	e must include "	Limited
2. Delaware			3. N/A				
(Jurisdiction under the crampany is organize		m limited liability		nun kM)	iber, if upplicate	(a)	_
4							_
		first transacted busine ons 605,0904 & 605,0			ity)		
5. 390 N. Orange A	venue, Ste. 2400, (Orlando, FL 32801			 	<u>.</u>	_
		(Street Ad	dress of Principal	Office)		* (A 🔐	
∠ 390 N. Orance As	venue, Stc. 2400, O	rlando, FL 32801			r'		
u. <u></u>				<u></u>	· · · · · · · · · · · · · · · · · · ·		Constant Constant To de
			Mailing Address)			75. d	}
5 70 454	. 4-		45.1		•	mo L	9 5 5
7. The name, titl	e or capacity an		•		=	<u> </u>	
James R. Heistand	CEO	390 N.	Orange Ave	nue, Ste 2	400 Orland		'1
David O'Reilly	CFO	390 1	N. Orange A	venue, Ste	2400 Orla	Maro FL 32	801
Jeremy R. Dorsett	EVP/Genera	l Counsel	390 N. Ora	inge Avenue	, Ste 2400	Orlando	FL 32801
8. Attached is an a having custody of acceptable. If the must be submitted (to acceptable with section an aware the any false in	records in the j certificate is in a d)	Signature occurrent to the Depart	r the law of w ge, a translation of an authorize	hich it is organ on of the certifi ed person	nized. (A phicate under o	otocopy is no path of the tr	ot anslator herein pre (rue. (
			nted name of	signee		-	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1 Xd), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Banyan Street/GAP Resource Square One 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:								
						C T Curporation System		17.55 28.
							(Name)	MA OCT -6
	1200 South Pine Island Road		-6 -6					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		THE A					
	Plantation	FL 33324	STATE 3					
		City/State/Zip						
iability con	npany at the place designated in the gent and agree to act in this capaciting to the proper and complete p	o accept service of process for the his certificate, I hereby accept the city. I further agree to comply wit verformance of my duties, and I am tered agent as provided for in Cha	appointment as th the provisions of all familiar with and					
itatutes rela accept lite a		• • •	pier ous, rioriau					
itatutes rela	C T Corporation System By:		pier vos, rivriuu					

\$ 5.00 Certificate of Status (optional)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BANYAN STREET/GAP RESOURCE SQUARE ONE 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 SIXTH DAY OF OCTOBER, A.D. 2014.

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

MIN OCI -6 A 9: 39
SECRETARY OF STATE

5614563 8300

141259968

You may vorify this certificate online at corp. delaware.gov/suthver.shtml

Joffrey W. Bullock, Secretary of State

AUTHENTACATION: 1755975

DATE: 10-06-14