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 GP Landholders - Orlando II, LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$125.00

K. SALY EXAMINER

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Corporate Filing Menu

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OCT 1 6 2014

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CT: GP Landholders - Oric	ando II, LLC			_	
	<u> </u>	Name of Lim	ited Liability Company			
				to Transact Business in Florida, ability company to transact bus		
Please	return all correspondence co	ncerning this matter to t	he following:			
		-	Name of Person			
			Firm/Company			
			· my company			
Address						
	City/State and Zip Code					
	bmathews@mizak					
		E-mail address: (to be u	ised for future annual report	nottrication)		
For fu	rther information concerning	this matter, please call:				
			al ()_	Daytime Telephone Number	_	
	Name of	Contact Person	Area Code	Daytime Telephone Number		
Division of Corporations Div Registration Section Re P.O. Box 6327 Cli		EET ADDRESS: sion of Corporations stration Section on Building				
	Tallahassee, FL 32314		Executive Center Circle ahassee, FL 32301			
Enclo	sed is a check for the fo					
		Certificate of Status		ce & □ \$160.00 Filing Fee, of Status & Certifie		

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:

. GP Landholders - Orlando II, LLC	C
(Name of Foreign Limited Liability Company; must include 'Limited Liability	Company, LLC., or LLC.)
If name unavailable, enter alternate name adopted for the purpose of transacting business in inbility Company," "L.L.C," or "LL.C.")	Florida. The alternate name must include "Limited
Indiana 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
Upon Qualification	100
(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine pe	gistration.) nalty liability)
5520 Kopetsky Drive, Suite A, Indianapolis, IN 46217	<u> </u>
(Street Address of Principal Office)	
Same	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/fnanager Aizak, LLC, 5520 Kopetsky Drive, Suite A, Indianapolis, IN 46217	
. Attached is an original certificate of existence, no more than 90 day aving custody of records in the jurisdiction under the law of which in a foreign language, a translation of the submitted)	t is organized. (A photocopy is not
William W. Mathew	~>
Signature of an authorized per in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation unaware that any false information submitted in a document to the Department of State constitutes a ri	nder the penalties of perjury that the facts stated herein are true
William Matthews	
Typed or printed name of signer	

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.

AGENT IN THE S	TATE OF FLORIDA.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	E Limited Liability Company is	s:	Dall Bot 15 Trans		
GP Landholders - Orl	indo II, LLC		- 10 m		
If unavailable, the	alternate to be used in the state	e of Florida is:	100 A		
2. The name and t	he Florida street address of the	e registered agent and office a	rre:		
	С Т Согр	oration System			
	((Name)			
_	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)				
		,			
_	Plantation (FL 33324 City/State/Zip			
liability company a registered agent as statutes relating to	d as registered agent and to ac at the place designated in this c and agree to act in this capacity. the proper and complete perfo ons of my position as registered	ertificate, I hereby accept the I further agree to comply win ormance of my duties, and I an	appointment as th the provisions of all n familiar with and		
C.	Corporation System	7°			
Ву	Comie Burgo	Comio (sy	(de)		
	(Signature)				
	\$ 25.00 De \$ 30.00 Ce	ling Fee for Application esignation of Registered Age ertified Copy (optional) ertificate of Status (optional)			

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STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

GP LANDHOLDERS - ORLANDO II, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 26, 2014, and was in existence or authorized to transact business in the State of Indiana on October 15, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifteenth Day of October, 2014.

Connie Lawson, Secretary of State

Corrie Lawson

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