

M14000008701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

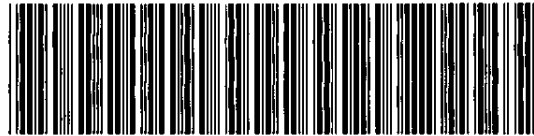
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -5 AM 11:30

C.L.
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

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File 2nd

foreign LLC

1. ESA P Portfolio Operating Lessee LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**TO: Registration Section
Division of Corporations**

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

For further information concerning this matter, please call:

Name of Contact Person

Area Code

Daytime Telephone Number

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

☒ \$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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC -5 AM 11:30

ESA P PORTFOLIO OPERATING LESSEE INC.
11525 North Community House Road
Suite 100, Charlotte, NC 28277

November/8, 2014

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: ESA P Portfolio Operating Lessee Inc., Document No. F04000005596

Dear Division of Corporations:

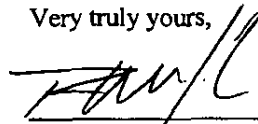
I am writing to inform the Florida Division of Corporations that we intend to withdraw the authority of ESA P Portfolio Operating Lessee Inc. to conduct business in the State of Florida (Document No. F04000005596) and apply to transact business in the State of Florida as a foreign limited liability company. The limited liability company shall bear the name ESA P Portfolio Operating Lessee LLC.

Accordingly, ESA P Portfolio Operating Lessee Inc. here consents to the use of "ESA P Portfolio Operating Lessee" as the name for the foreign limited liability company.

Additionally, ESA P Portfolio Operating Lessee Inc. hereby acknowledges that it will not reverse the withdrawal of its authority to conduct business in the State of Florida.

Thank you.

Very truly yours,


Ross W. McCanless,
Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC -5 AM 11:30

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **ESA P Portfolio Operating Lessee LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ESA P Portfolio Operating 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.

(FEL number, if applicable)

4. **November 18, 2013**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

(Active as Corp until: 12-5-14)

5.

11525 N. Community House Road, Suite 100, Charlotte, NC 28227

(Street Address of Principal Office)

6.

11525 N. Community House Road, Suite 100, Charlotte, NC 28227

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Ross McCanless - Vice President and Secretary

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)



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.)

Ross McCanless

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

14 DEC -5 AM 11:30

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:

ESA P Portfolio Operating Lessee 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)

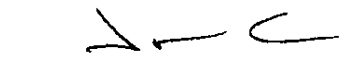
Plantation,

FL

33324

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)

JOANNE CASWELL, Asst. Secy.

\$ 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 "ESA P PORTFOLIO OPERATING LESSEE 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESA P PORTFOLIO OPERATING LESSEE LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

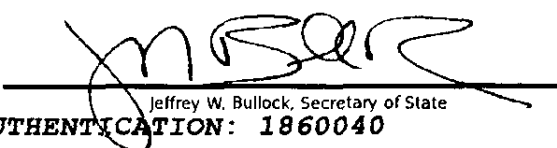
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3852422 8300

141403857

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1860040

DATE: 11-13-14