# M15000000077

(Re	equestor's Name)	
(Ac	fdress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SUM OF CHARGEST ST. TO

JAN - 6 2015

T RROWN

ACCOUNT NO. : 12000000195						
REFERENCE : 447480 4321592						
AUTHORIZATION: Spelle le man						
COST LIMIT : \$ 155.00						
ORDER DATE : January 5, 2015						
ORDER TIME : 9:59 AM						
ORDER NO. : 447480-005						
CUSTOMER NO: 4321592						
FOREIGN FILINGS  NAME: RETREAT AT GAINESVILLE, LLC						
XXXX QUALIFICATION (TYPE: LL)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Courtney Williams EXT# 62935						
EXAMINER:						

#### COVER LETTER

TO:		ration Section on of Corporations						
SUBJEC		etreat at Gaine	sville, LLC					
SOBSE	C		Name	of Limited Liab	oility Company			
The encl Existence	losed "A e, and c	Application by Foreign theck are submitted t	gn Limited Liabil o register the abo	ity Company : ve referenced	for Authorizati foreign limite	ion to Tra d liability	nsact Business in Florida," (company to transact busine	Certificate of ess in Florida
Please re	eturn all	correspondence con	cerning this matt	er to the follo	wing:			
		Ryan Boyd					•	
			·	Name o	(Person			٠
	McKenna Long & Aldridge LLP							
				Firm/Co	ompany			
		303 Peachtree	Street, Suite	e 5300				
				Λdd	ress			
		Atlanta, GA 30308						
			,	City/State an	d Zip Code			
			E-mail address: (1	o be used for fi	iture annual rep	ort notific	ation)	
For furth	ner infor	mation concerning t	his matter, please	call:				
Carol McEwen		at	404	527-4				
		Name of C	Contact Person	W.	Area Code	Day	ytime Telephone Number	•
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET AI Division of C Registration Clifton Build 2661 Executi Tallahassee,	Corporations Section ing ve Center Circ	ele				
Enclose	□ \$12:	check for the fol 5.00 Filing Fee D	lowing amoun \$130.00 Filing Certificate of S	Fee &	\$155,00 Filing Certified Cop		☐ \$160.00 Filing Fee, Cer of Status & Certified C	

### 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. Retreat at Gainesville, LLC	ability Company; must include "Limited Liab	bility Company," "L.L.C.," or "LLC.")
Liability Company," "L.L.C," or "LLC.")	adopted for the purpose of transacting busines	ss in Florida. The alternate name must include "Limited
<sub>2.</sub> Delaware	3.	
(Jurisdiction under the law of which force company is organized)	ign limited liability	(FEI number, if applicable)
4. n/a		
(Date	first transacted business in Florida, if prior to tions 605,0904 & 605,0905, F.S. to determine	to registration.) te penalty liability)
5. 455 Epps Bridge Parkway		55 -
Athens, GA 30606		F. 10
	(Street Address of Principal Office	ice)
6. 455 Epps Bridge Parkway,	Building B Suite 201	
Athens, GA 30606		OR TO
	(Mailing Address)	7
7. The name, title or capacity an Landmark Collegiate Acquisit	_	as/have authority to manage is/are:
455 Epps Bridge Parkway, Bi	uilding B Suite 201	
Athens, GA 30606		
having custody of records in the acceptable. If the certificate is in must be submitted)  (In accordance with section 605.0203, F.S., the came aware that any false information submitted in	Signature of an authorized paracular to the Department of State Constitutes an Approximation a document to the Department of State Constitutes as Rogers, Manager of Manager	on under the penalties of perjury that the facts stated herein are trues a third degree felony as provided for in s.817.155, F.S.)  Tof Member
	Typed or printed name of sign	nee .

## 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.

	of the Limited Liability C	omp	any is:		
Retreat at C	Sainesville, LLC				<i>.</i>
If unavailable	e, the alternate to be used i	n the	e state of Florida is:		S JAY 5
2. The name	and the Florida street add	ress	of the registered agent and	office are:	E. 20 2.
	Corporation Service	Con	npany		Br.
			(Name)		
	1201 Hays Street				
	Florida Stree	t Add	lress (P.O. Box NOT ACCEPTAB	LE)	<del></del>
	Tallahassee		32301		
			City/State/Zip		<del></del>
liability comp registered age statutes relati accept the obl	any at the place designated ent and agree to act in this ng to the proper and comp	d in ti capa lete p	to accept service of process his certificate, I hereby acc acity. I further agree to con performance of my duties, a tered agent as provided for	ept the appo nply with the nd I am fam	intment as provisions of all iliar with and
Statutes.	Carti	Signa	rture)		y Williams e President
			Filing Fee for Applicati Designation of Register Certified Copy (options	ed Agent II)	

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RETREAT AT GAINESVILLE, 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 THIRTIETH DAY OF DECEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RETREAT AT GAINESVILLE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2014.

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

5665471 8300

141597624

Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 1995806

DATE: 12-30-14

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