**Division of Corporations** Electronic Filing Cover Sheet

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(((H150000308813)))



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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 PKY International Plaza VI Land, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

FEB ≈ 9 2015

2/5/2015

T. BROWN

	COV	ER LETTER		
TO: Registration Section Division of Corporations	•			
SUBJECT: PKY International F	laza VI hand	LLC		
	Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed "Application by Pore Existence, and check are submitted	ign Limited Liability Con to register the above refe	pany for Authorization to renced foreign limited liab	Transact Business in Florida," Cert ility company to transact business t	lificate in Flori
Please return all correspondence co	ncerning this matter to the	following:		
Linda Smith				
	7	lame of Person		
Parkway Properti	es, Inc.			
	F	ігпу Сопралу		
390 N. Orange A	venue Suite 2400			
		Address		
Orlando, FL 3280	91			
	City/S	State and Zip Code		
lsmith@pky.com				
<del></del>		d for future annual report no	tification)	
For further information concerning	this matter, please call:			
Linda Smith		at (407 ) 581	-2905	
Name of	Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS:		ET ADDRESS:		
Division of Corporations Registration Section		on of Corporations ration Section		
P.O. Box 6327		Building		
Tallahassee, FL 32314	2661 E	xecutive Center Circle	`	
Enclosed is a check for the fo	llowing amount:			
	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee Certified Copy	& \$160.00 Filing Fee, Certific of Status & Certified Copy	

2/6/2015 12:10:38 From: To: 8506176383

850-617-6381 2/6/20

2/6/2015 10:10:56 AM PACE 1/001 Fax Server

February 6, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PKY INTERNATIONAL PLAZA VI LAND, LLC

REF: W15000008893

Coro el acomo del como

(2/6)

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard the previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: H15000030881 Letter Number: 015A00002509

RECEIVED

15 FEB -6 FM 10: 00

WHERE THE STREET

P.O BOX 6327 - Tallahassee, Florida 32314

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	STER A
. 1	PKY International Plaza VI Land, LLC	
I. (Name	of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")	-
(If name unavailable Liability Company,"	e, enter alternate name adopted for the purpose of transacting business in Florida. The elternate name most include "Lim" "L.L.C," or "LLC.")	પૈક્રિય
2. Delaware	3.	
(Jurisdiction unde company is orga	er the law of which foreign limited liability (FEI number, if applicable)	· 51
4.		EB -11
<b></b>	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)	B-5 PA
c 200 N O	o Avenue, Suite 2400	- m
5. 350 N. Orange	6 Avenue, Some 2400	
Orlando, FL 3		1:20
	(Street Address of Principal Office)	語る
6. 390 N. Orange	e Avenue, Suite 2400	2
Orlando, FL 3	32801	
	(Mailing Address)	•
7. The name, i	title or capacity and address of the person(s) who has/have authority to manage is/are:	
•	es LP-Sole member 390 N. Orange Ave. Ste 2400 Orlando FL 3280	01
Jeremy R. Dorsett	390 N. Orange Ave. Ste 2400 Orlando FL 328	B01
		-
having custody	an original certificate of existence, no more than 90 days old, duly authenticated by the office of records in the jurisdiction under the law of which it is organized. (A photocopy is not he certificate is in a foreign language, a translation of the certificate under oath of the translated)	
(in accordance with accordance	Signature of an authorized person ection 605.0203, P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated here information subraited to a document to the Department of State constitutes, third degree falony as provided for in a \$17.155, P.S.)	in pretrue. I ·
	Jeremy R. Dorsett	
	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	e of the Limited Liability Compa	any is:		
<del></del>	PKY	International	Plaza VI La	and, LLC
If unavailab	le, the alternate to be used in the	state of Florida is:		
2. The name	e and the Florida street address o	of the registered agent :	and office are:	
	C T Corporation System			<b></b>
		(Name)		
	1200 South Pine Island Road			五二
	Florida Street Add	ress (P.O. Box NOT ACCE	TABLE)	- 3338 3378
	Plantation	FL 33324		- A.
		City/State/Zip		ORIDA
liability com registered as statutes relai	named as registered agent and i pany at the place designated in to gent and agree to act in this capa ling to the proper and complete p bligations of my position as regis C T Corporation System By:	his certificate, I hereby icity. I further agree to performance of my dutie	accept the appoin comply with the p s, and I am famili	itment as rovisions of al iar with and
	(Signa	Michael Jon	es, Asst. S	ecretary
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00		stered Agent ional)	·

the company of

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRY INTERNATIONAL PLAZA VI LAND, 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 FIFTH DAY OF FEBRUARY, A.D. 2015.

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

5687618 8300

150149982

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

Jeffrey W. Bullock, Secretary of State CATION: 2096632

DATE: 02-05-15