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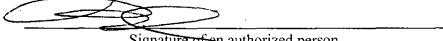
### COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	Apple Hill II TIC, L	LC			
SUBJECT.		of Limited Liability Company			
			o Transact Business in Florida," Certificate of bility company to transact business in Florida		
Please return	all correspondence concerning this mat	ter to the following:			
	Gina Williams				
Name of Person					
Southstar Management					
	Firm/Company				
	8230 210 Street South				
	<del></del>	Address			
Boca Raton, FL 33433					
City/State and Zip Code					
gwilliams@southstarmgt.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
S	arah Dye	410 <sub>7</sub>	40-4600  Daytime Telephone Number		
	Name of Contact Person	Area Code	Daytime Telephone Number		
Div Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	is a check for the following amou \$125.00 Filing Fee		e & □ \$160.00 Filing Fee, Certificate		
	Cartificate of		of Status & Certified Conv		

#### 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: Apple Hill II TIC, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") 47-2806311 FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 8230 210th Street South Boca Raton, FL 33433 (Street Address of Principal Office) <sub>6</sub> 8230 210th Street South Boca Raton, FL 33433 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Martin H. Pechter, Manager 8230 201th Street South

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.)

Martin H. Pechter

Boca Raton, FL 33433

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 of the Limited Lia Apple Hill II TIC,		
If unavailable, the alternate to b	e used in the state of Florida is:	
2. The name and the Florida str	reet address of the registered agent and office are:	<del></del>
Nancy C	Colman	温
<del></del>	(Name)	一直第二
107 <b>5</b> Brok	en Sound Parkway, NW, Suite 102	続る何
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Boca Raton	FL 33487	1. 25
	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)

\$ 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 "APPLE HILL II TIC, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2015.

5673191 8300

150218671

AUTHENTY CATION: 2131557

DATE: 02-19-15

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