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COVER LETTER

WALK IN	
ENTITY NAME: DOC-6138 Kennerly	Road Mo
CK #	ا ۔
AMOUNT: \$ 12500	
PLEASE FILE THE ATTACHED AND RETURN:	
X PLAIN COPY	
_ CERTIFIED COPY	16000000000000000000000000000000000000
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.	FILED NA 23 MIN 27 COLUMN FILED COLUMN FILED
THANK YOU!	

TINA GOFF, PRESIDENT

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE		·····	, LLC	
	Name	of Limited Liability Company		
	losed "Application by Foreign Limited Liab ce, and check are submitted to register the ab			
Please r	eturn all correspondence concerning this mat	ter to the following:		
	Jill Marinello			
		Name of Person		
	Physicians Realty Trust			
		Firm/Company		···
735 N. Water Street, Suite 1000				
		Address		
	Milwaukee, WI	53202		78 3
		City/State and Zip Code		事不言 四
jmm@docreit.com			23 厅	
	E-mail address:	to be used for future annual report	notification)	
For furt	her information concerning this matter, pleas	e call:		
	Jill Marinello	at(414)	978-6501	9FN 2
	Name of Contact Person	Area Code	Daytime Telephone ?	Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Certificate of Status

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. DOC-6138 Kennerly Road MOB, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	" or "I C ")
(Name of Fotoign Elimined Endomly Company, must include Elimined Elability Company, Elect.)	or EEC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate Liability Company," "L.L.C," or "LLC.")	e name must include "Limited
_{2.} Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately company is organized)	licable)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	ರಾಣ ಕೊ
_{5.} 735 N. Water Street, Suite 1000	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Milwaukee, WI 53202	2 T
(Street Address of Principal Office)	23 F
_{6.} 735 N. Water Street, Suite 1000	
Milwaukee, WI 53202	27
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Physicians Realty L.P member	
735 N. Water Street, Suite 1000	
Milwaukee, WI 53202	
8. Attached is an original certificate of existence, no more than 90 days old, duly authorated custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate under the submitted)	A photocopy is not
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 perjam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	iury that the facts stated herein are true vided for in s.817.155, F.S.)

John T. Thomas, President & CEO of*

Typed or printed name of signee

*Physicians Realty Trust, general partner of Physicians Realty L.P., manager of Applicant

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	Liability	Company	is:
----	----------	--------	---------	-----------	---------	-----

DOC-6138 Kennerly Road MOB, 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:

Registered Ag		
	一	
155 Office Pla		
Florida Street	GT F	
Tallahassee	FL 32301	
	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 "DOC-6138 KENNERLY ROAD MOB, 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 NINTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOC-6138 KENNERLY ROAD MOB, LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2015.

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

57055**69** 8300

150330980

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2180609

DATE: 03-09-15

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