

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Division of Con	rporations	TARY TASSE
	Fax Number	: (850)617-6383	in-≺
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From:			
	Account Name	: C T CORPORATION SYSTEM	NON STATE
	Account Number	: FCA00000023	
	Phone	: (850)205-8842	<u>क</u> ाल (
	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.\*\*

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# Foreign Limited Liability Company CSRA Candleglow Apartments ST, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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Help

11AM 0 6 2015 J. HARRIS 5/5/2015 11:42:39 AN From: To: 8506176383( 2/5 )

#### COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	CSRA Candleglow A	partments ST, LLC
		Name of Limited Liability Company
		gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate of to register the above referenced foreign limited liability company to transact business in Florida
Please return	all correspondence co	neeming this matter to the following:
	Jeffrey Gregor	
	<del> </del>	Name of Person
	Capital Square Ho	oldings, LLC
		Firm/Сотрылу
	10900 Nuckols Re	ad Suite 200
	<del></del>	Address
	Glon Allen, Virgi	
		City/State and Zip Code
	cls-statecommunic	ations@wolterskluwer.com
		E-mail address: (to be used for future annual report notification)
For further in	formation concerning	this matter, picase call:
Jeff	rey Gregor	at (804
	Name of	Contact Person Area Code Daysime Telephone Number
	ILING ADDRESS:	STREET ADDRESS: Division of Corporations
	stration Section Box 5327	Registration Section Clifton Building
	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is	a check for the fol	lowing amount:
		□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

## 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:

I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate nability Company," "L.L.C." or "L.L.C.")	ame must include "Limited
Delaware 3.	
Jurisdiction under the law of which foreign limited liability (FEI number, if applic company is organized)	
	2015 TALES
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	수준 점
10900 Nuckols Road Suite 200 Glen Allen, VA 23060	<u></u>
	SSA
	<u>د بېنب</u>
(Street Address of Principal Office)	
10900 Nuckols Road Suite 200 Glen Allen, VA 23060	95 %
	29
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(Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the person (s) who has/have authority to make the control of the	· · · · · · · · · · · · · · · · · · ·
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The name, title or capacity and address of the person(s) who has/have authority to meffrey A. Gregor. Manager: 10900 Nuckols Road Suite 200 Glen Allen, VA 23060  Attached is an original certificate of existence, no more than 90 days old, duly author	nanage is/are:
The name, title or capacity and address of the person(s) who has/have authority to meffrey A. Gregor, Manager: 10900 Nuckols Road Suite 200 Glen Allen, VA 23060  Attached is an original certificate of existence, no more than 90 days old, duly authorizing custody of records in the jurisdiction under the law of which it is organized. (A processing the content of the	nanage is/are:
The name, title or capacity and address of the person(s) who has/have authority to meffrey A. Gregor, Manager: 10900 Nuckols Road Suite 200 Glen Allen, VA 23060  Attached is an original certificate of existence, no more than 90 days old, duly authorizing custody of records in the jurisdiction under the law of which it is organized. (A peeptable, If the certificate is in a foreign language, a translation of the certificate under	nanage is/are:
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The name, title or capacity and address of the person(s) who has/have authority to meffrey A. Gregor, Manager: 10900 Nuckols Road Suite 200 Glen Allen, VA 23060  Attached is an original certificate of existence, no more than 90 days old, duly authorizing custody of records in the jurisdiction under the law of which it is organized. (A peoplable, If the certificate is in a foreign language, a translation of the certificate under	nanage is/are:
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Attached is an original certificate of existence, no more than 90 days old, duly authorized ceptable. If the certificate is in a foreign language, a translation of the certificate under the submitted)  Signature of an authorized person  accordance with section 505,0203, 6.8., the execution of this document duristicates an affirmation under the penalties of parjuit	nanage is/are:  aticated by the official photocopy is not by oath of the translate
Attached is an original certificate of existence, no more than 90 days old, duly authorized custody of records in the jurisdiction under the law of which it is organized. (A properties of the certificate is in a foreign language, a translation of the certificate under ust be submitted)  Signature of an authorized person	nanage is/are:  aticated by the official photocopy is not by oath of the translate

### 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.

If unavailable, the	mavailable, the alternate to be used in the state of Florida is:				
. The name and t	he Florida street addr	ress of the registered agent and office are:			
С	T Corporation System		201 TA		
		(Name)	2015 MAY -5 (SECRETARY OF TALLAHASSEE		
			ZZ i		
12	200 South Pine Island Ros	nd .	(/) → →		
12		ad Address (P.O. Box NOT ACCEPTABLE)	1215 <u>=</u> ( <b>=</b> =		
<del>-</del>			RY OF STAIL SSEE.FLORID		

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.

By: C T Corporation System Den Le Berry

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



PAGE :

#### The First State

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

DELAWARE, DO REREBY CERTIFY "CSRA CANDLEGION APARTMENTS ST, 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 FIRST DAY OF MAY, A.D. 2015.

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

5738235 8300

150602268

You may verify this cortificate onlin at corp.dolswero.gov/authwer.ahtml Juffrey W. Bu'lock, Secretary of State

DTHENTICATION: 2341901

DATE: 05-01-15