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	ACCESS, INC.		When you need ACCESS to the world 236 East 6th Avenue. Tallahassee, Florida 32303					
			P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2015

CORPORATE ACCESS, INC

SUBJECT: LIBERTY SQUARE OFFICE PROEPRTIES, LLC

Ref. Number: W15000033448

We have received your document for LIBERTY SQUARE OFFICE PROEPRTIES, LLC and your check(s) totaling \$235.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00009892

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File 2nd

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. LIBERTY SQUARE OFFICE PROPERTIES, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.," or	r-ILLC.")	
		d Sun San A
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate natificially Company," "L.L.C." or "L.L.C.")	ime must include "I	Limited
2. Delaware 3		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applied company is organized)	able)	
Upon filing of this application	=	20
(Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)	Ë	<u> </u>
_{5.} 6735 Conroy Road, Suite 219		HAY
Orlando, Florida 32835	SSE S	9
(Street Address of Principal Office)	71	
_{6.} 6735 Conroy Road, Suite 219	120 E.E.	-0:-0.
Orlando, Florida 32835	7	9
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to m	anage is/are:	
American Management Specialists, LLC, Manager		
6735 Conroy Road, Suite 219		_
Orlando, Florida 32835		
8. Attached is an original certificate of existence, no more than 90 days old, duly authen having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted) Signature of an authorized person (In accordance with section 605 6203. F.S., the exclusion of this document constitutes an attituation under the penalties of perjury and aware that any false information submitted in a document to the department of State constitutes a third degree felony as provide Luke S. Widner	photocopy is not roath of the tra	ot anslator herein are true.
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 Liability Co Liberty Square Office F	• •	
If unavailable, the alternate to be used in	n the state of Florida is:	
2. The name and the Florida street addr	ess of the registered agent and office are:	2015 TAL
Luke S. Widn	ner	رث
	(Name)	HAY 19 RETARY AHASSE
6735 Conroy	Road, Suite 219	
Florida Stree	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Orlando,	FL 32835	AM IO: 09
	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 "LIBERTY SQUARE OFFICE PROPERTIES,"
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 SIXTH DAY OF MAY, A.D. 2015.

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

5742061 8300

150623047

AUTHENTACATION: 2369511

DATE: 05-12-15

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