	se print this page and use it as a cover sheet. Type the fax audit n shown below) on the top and bottom of all pages of the document.	umber
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To Fr	Division of Corporations	olginul i Nission <u>7</u>
annual	email address for this business entity to be used for I report mailings. Enter only one email address please. Address:	2015 TAL
JUL -9 AH II: 01 RETARL OF STATE AHASSEE, FLORIDA	Foreign Limited Liability Company 915 Franklin Street Project Owner, LLC Certificate of Status 1	JUL -8 AM 8:21 CRETARY OF STATE LAHASSEE, FLORIDA

7/9/2015 10:08:56 AM From: To: 8506176383( 2/7 ) 850-517-5381 7/9/2015 9:44:18 AM PAGE 1/001 Fax Server



July 9, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: 915 FRANKLIN STREET PROJECT OWNER, LLC REF: W15000046211 \*RE-SUBMIT\* Please retain original filing clate of submission <u>7/2</u>

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Regulato	Saly ory Specialist II	FAX Aud. #: H15000167197 Letter Number: 215A00014313
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5 JUL -9 AMI	ALLANSSEE	

P.O BOX 6327 - Tallahassee, Flonda 32314

#### 7/9/2015 10:08:56 AM From: To: 8506176383( 3/7 )

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: 915 Franklin Street Project Owner, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Name of Person

**CT** Corporation System

Firm/Company

1201 Peachtree Street #1240

Address

Atlanta GA 30361

City/State and Zip Code

Cliff.Holt@sutherland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact	at (404 ) 965 Person Area Code	Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

□ \$125.00 Filing Fee □ \$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:

1. 915 Franklin Street Project Owner, LLC

(Nume of Foreign Limited Liability Company: must include "Limited Liability Company," "L.C.C." or "L.C.")

[If name transliable, enter alternate name adopted for the purpose of translating business in Florida. The alternate name paint include "Limited Likhility Company." "LLC." or "LLC.")

2	Delaware	47 - 4443181		
-	(Jurisdictics under the law of which foreign limited liability company is organized)	(PEI number, If spolicable)	1015	
4			ALLIS	-71
	(Dide first immacted business (Size socians 605.0004 & 605.09	in Florida, if prior to registration.) 05, F.S. 10 determine perulty liability)	HALL P	-
5	171 17th Street NW, Suite 1200	· · · · · · · · · · · · · · · · · · ·	8	וחז
	Atlania, GA 30363-1032		ma =	0
	(Street Addr	ress of Principal Office)	50, 6	
6.	171 17th Street NW, Suite 1300			-
	Atlania, GA 30363-1032		7	

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

James Shelton, Authorized Signatory

171 17th Street NW, Suke 1200

Atlanta, GA 30363-1032

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. 1 \$, the exection of this document constitutes 65 Altimetion under the pensities of periors that the task stated herein are true 1 am aware that any false information subjects of no 617 155. F S 3

Jaines Shelton

Typed or printed name of signee

7/9/2015 10:08:56 AM From: To: 8506176383( 6/7 )

# 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:

915	Franklin	StELLT	Project	Owner.	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:

(Name) 1200 South Pine Island Road		E E FI	
		8:21	
Florida Stree	Address (P.O. Box NOT ACCEPTABLE)		

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.

C T Corp By:	oration System	Connie Bryan	
	(Signat	ture) 🚺	Pesistant Secretary
	\$ 100.00	Filing Fee for	* *
	\$ 25.00	-	Registered Agent
	\$ 30.00	Certified Copy	(optional)

7/9/2015 10:08:56 AM From: To: 8506176383( 7/7 )

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "915 FRANKLIN STREET PROJECT OWNER, 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 EIGHTH DAY OF JULY, A.D. 2015.

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

2015 JUL -8 AM 8: 21 THED



5777195 8300

151024432 You may verify this certificate online at corp.delaware.gov/authwar.shtal

Secretary of State

AUTHENTY CATION: 2536898

DATE: 07-08-15