

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)205-8842 : (850)878-5368 Fax Number

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 Greystar GP II, LLC Certificate of Status 0 Certified Copy 04 Page Count ۾. \$125.00 Estimated Charge

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Corporate Filing Menu

Help

11/19/2015 1:45:35 PM From: To: 8506176383(2/4)

COVER LETTER

SUBJEC	CT+	Groystar GP II, LLC						
TO LIGHT	Name of Limited Liability Company							
ho encl xistenc	losed "Application by Pore ee, and check are submitted	ign Limited Liability Comp to register the shove refere	any for Authorizati aced foreign limite	on to Tra d liability	nsact Business in Florida," Cartific company to transact business in F			
lease m	eturn all correspondence co	nooming this matter to the	following:					
		A	hley Heggie					
	***************************************	No	ame of Person					
		Grey	ntar CP II, LLC					
		Pirm/Company						
		18 Broad	l Street, Suite 300					
	•		Address					
		Charleston	South Carolina 29	401				
		City/s	tate and Zip Code					
		aheggie@greystar.com H-mail address: (to be used for future annual report notification)						
		,) for future annual i	epon nou	nestion			
or flitti	her information concerning	inis matter, please call:		552.00				
	Ashley Heggie		at (579-32:)				
	Name of	Contact Person	Area Code	Day	time Telephone Number			
	MAILING ADDRESS:	STREET ADDRESS:						
	Division of Corporations		Division of Corporations Registration Section					
Registration Section P.O. Box 6327			Clifton Building					
	Taliahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301						
	•			r di rerinas	66,14,32301			
nelose	ed is a check for the following \$125.00 Filing Fee	ng amount:	□ \$155,00 Pilin;		\$150.00 Filing Fee, Certification			

$\begin{array}{c} \textbf{APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS} \\ \textbf{IN FLORIDA} \\ \end{array}$

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. Greystar GP II, LLC				
(Name of Fore	ign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.,"	or"(LC;")	_
(If name unavailable, enter alt Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting b	usiness in Florida. The alternate r	name must include "I	imited.
Delaware	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FE) number, if application	ile)	
L				
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det	rior to registration.)		
18 Broad Street, Suite				
Charleston, South Caro	lina 29401		-	
Charleston, Good Caro	(Street Address of Principal Office)			
18 Broad Street, Suite 3	00			
Charleston, South Caro	lina 29401			
	(Mailing Address)			
/. Name and street addres	s of Plorida registered agent; (P.O. Box NOT a	cceptable)		*********
Name:	CT Corporation System		15 P	
	1200 South Pine Island Road		<u> </u>	i desirate
Office Address:	Plantation	33324	77 P	3
•	(City) :	, Florida 33324 (Zip code)	 (0)	
Registered agent's accep-	fance:		<u> </u>	441
destronated in this applica	gistered agent and to accept service of process to tion, I hereby accept the appointment as registe	red agent and agree to act in	this capacity." I fi	urther agre
to complywith the provision	ons of all statutes relative to the proper and cor	uplete performance of my du	iles, and I am fam	illar with a
accept the obligations of t	my position as registered agent. Danies B	all		
	(Registered agent's sign	sture)		
0 The same title or same	icity and address of the person(s) who has/have	•		
Greystar Roal Estate Parts		additionity to manage to deci-		
18 Broad Street, Suite 300			·	
Charleston, South Carolin				,
Control Double Carolin			·····	
 Attached is a certificate jurisdiction under the law of the translator must be so 	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in a significant	thenticated by the official havi foreign language, a translatio	ing custody of reco n of the certificate	rds in the under oath
	Signature of an authorized	person		
	in accordance with section 605,0203 (1) (b), Fi the Department of State constitutes a third degr			ion
·	Ashley Hoggio	•		
	Typed or printed name of s	ienee		

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREYSTAR GP II, 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 NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4979179 8300

Authentication: 10454908

Date: 11-19-15

SR# 20150993521

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