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TALLAHASSEE, FLORIDA

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JAN 11 2016 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	12000000	195			
REFERENCE	:	951186	4814233			
AUTHORIZATION	:	Smelle	enan	,		
COST LIMIT	:	\$ 155.00				
January 8, 2016						
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	REFERENCE AUTHORIZATION COST LIMIT January 8, 2016 2:36 PM 951186-005 4814233	REFERENCE : AUTHORIZATION : COST LIMIT : January 8, 2016 2:36 PM 951186-005 4814233	REFERENCE : 951186 AUTHORIZATION :	COST LIMIT : \$155.00 January 8, 2016 2:36 PM 951186-005 4814233	REFERENCE : 951186 4814233 AUTHORIZATION : Special Control of the second of the secon	REFERENCE : 951186 4814233 AUTHORIZATION : public no. COST LIMIT : \$155.00 January 8, 2016 2:36 PM 951186-005 4814233

NAME: ST. AUGUSTINE RETAIL

INVESTORS II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

XXXX QUALIFICATION (TYPE: LL)

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section
Division of Corporations

St. Augustine Retai	l Investors II, LLC					
SUBJECT:	Name of	Limited Liability (Company	,		
The enclosed "Application by Fo Existence, and check are submitted	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Transact Business in ted liability company to tran	Florida," Censact business	rtifica in Flo	te of orida
Please return all correspondence	concerning this matter to the	following:				
Angela E. Bier	math, Paralegal					
	N	ame of Person	+			
Morris, Manni	ng & Martin, LLP					
	F	irm/Company	10.00			
3343 Peachtre	e Road NE, Suite 1600					
		Address				
Atlanta, Georg	ria 30326		•	NATI OESS	5	
	City/S	tate and Zip Code			JAN 1	$\neg \gamma$
gary@capeam.c				\$2	200	F
	E-mail address: (to be use	d for future annual	report notification)		R	
For further information concerning	ng this matter, please call:			والحريج منيسيم المستدي بدير معيدات بالندا	rö ae	4
Angela E. Biernath, Par	ralegal	404 at (504-7725] - T	42	
Name	of Contact Person	Area Code	Daytime Telephone N	Number		
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		,	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle		
Enclosed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	和 \$155.00 Filit Certified Copy	-	-	ficate	

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. St. Augustine Retail In (Name of Fore	ign Limited Liability Company; mus	st include "Limited Liab	ility Company,""L.L.C.," or	LLC.")
/If name unavailable, enter al	ternate name adopted for the purpose	of transacting business	s in Florida. The alternate nam	e must include "Limited
Liability Company," "L.L.C,"		<u></u>		
2. North Carolina		3		
company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4. 01/07/2016	(Date first transacted busines	es in Florida if neior to	equiptention)	•
	(See sections 605.0904 & 605.	0905, F.S. to determine	penalty liability)	
3735 Beam Road, Suit	e B			-
Charlotte, NC 28217				_
	(Street Address of P	rincipal Office)		
6. 3735 Beam Road, Suite	B R	······································	400	三芸治・万
Charlotte, NC 28217				京 祭
	(Mailing A	Address)	······································	
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accepts	able)	
Name:	Corporation Service Company		_	
Office Address:	1201 Hays Street		-	9 4 9
	Tallahassee		, Florida 32301	<i>→</i> ~
Registered agent's accep	(City)		(Zip code)	
designated in this application complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent. Corporation Service Compan By:	ment as registered as proper and complete	gent and agree to act in thi performance of my duties Melissa Z	s capacity. I further of and I am familiar w
	(Registe	ered agent's signature)	Asst. Vice F	resident
8. The name, title or capa Cape Asset Management,	icity and address of the person(s)	who has/have author	ity to manage is/are:	
				
3735 Beam Road, Suite B				
Charlotte, NC 28217				
	of existence, no more than 90 day of which it is organized. (If the co abmitted)			
	Signature		111	_
	Signature	of an authorized persor		~
	in accordance with section 605.0 the Department of State constitu			
	John J. Ginley III, Authorized P	_	•	

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ST. AUGUSTINE RETAIL INVESTORS II, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 8th day of January, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of January, 2016.

Elaine J. Marshall

Secretary of State

Certification# 97862513-1 Reference# 12868038- Page: 1 of 1 Verify this certificate online at http://www.sos.nc.gov/verification