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Division of Corporations

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## Foreign Limited Liability Company JRM Somerset 2 Managing Co., LLC

Certificate of Status	1
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FEB 29 2016

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## COVER LETTER

TO:		ation Section n of Corporatio	ng					
SUBJE		M Somerset 2 M	anaging Co., LLC					
SUBJE	.C1:		Name of I	imited Liability (	Company			
The end Existen	closed "A ce, and cl	pplication by For	reign Limited Liability Comp ed to register the above refere	any for Authoriza	ition to Tra	insact Business in Florida," Certifi company to transact business in i	cate of Florida	
Please	return all	correspondence	concerning this matter to the	following:				
		Louise D. Han	niel					
			Na	ime of Person				
		Harbor Group	International, LLC					
			Fir	rm/Company				
		999 Waterside Drive, Suite 2300						
				Address				
		Norfolk, VA 2	3510					
			City/St	ate and Zip Code				
		rharrington@har	borg.com					
	-		E-mail address: (to be used	for future annual	report not	ification)		
For furt	her inforr	nation concernin	g this matter, please call:					
	Louise	D. Hamiel		757 at {	961-20	43		
		Name o	l'Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3236		of Corporations ion Section uilding cutive Center Circle			
Enclose	_	ck for the follow .00 Filing Fec	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifical of Status & Certified Copy	lė	

## 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:

	SINESS INTHE STATE OF FLORIDA:				
1. JRM Somerset 2 Mana	ging Co., LLC  gin Limited Liability Company, must include "Limit	red Liability Company.""[]	C "or"LL	C 27	
(Name of Loss	onputy, man metade Danie	con many company, De	, 01 111	<b>c</b> , ,	
Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting to "LLC.")	business in Florida. The altern	nate name m	ust inclu	ie "Limited
2. Delaware	3.				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if app	olicable)		
4.					
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)			
5, 999 Waterside Drive, S			`		ì
Norfolk, VA 23510			* "	2	<u>;</u> ,
	(Street Address of Principal Office)		<u> </u>	€53 -77	rum sang
6. 999 Waterside Drive, S	uite 2300		12-141 12-141		Miller in der Seiten. Miller in der Seiten.
Norfolk, VA 23510				26	Manageria sensiti II
	(Mailing Address)		<u> </u>	$\triangleright$	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT)	acceptable)	59		
Name:	C T Corporation System			<u>-</u>	
Office Address:	1200 South Pine Island Road			سدل	
Office Fradress.	Plantation	, Florida 33324			
	(City)	, Florida(Zip c	ode)		
designated in this applica-	tunce: gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and co	ered agent and agree to a	ct in this co	ipacity.	I further agree
	ny position as registered agent.	·			***************************************
	By: C T Corporation System	me Bruga-			
	(Registered agent's sign	nature) <b>Q</b> Regi			
8. The name, title or capa	city and address of the person(s) who has/have	authority to manage is/are	1		
T. Richard Litton, Jr., Mar	nager				
999 Waterside Drive, Suit	e 2300				
Norfolk, VA 23510					
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in a abmitted)	thenticated by the official a foreign language, a transl	having cust ation of the	certific	ecords in the ate under oath
	Signature of an authorized				
	▼ Signature of an authorized	d person			
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), FI the Department of State constitutes a third degr	orida Statutes. I am aware rec felony as provided for i	that any fal n s.817.15:	se infori 5, F.S.	nation
	T. Richard Litton, Jr., Manager				
	Typed or printed name of s	signee			



Page 1

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

DELAWARE, DO HEREBY CERTIFY "JRM SOMERSET 2 MANAGING CO., 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2016.

5970262 8300

SR# 20160996776

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

Jeffrey 44. Bullock, Secretary of State

Authentication: 201865324

Date: 02-22-16