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 : TRIAN PROFESSIONAL SERVICES COA

Account Number : 120160000009

: (770)777-2091

Phone Fax Number

: (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company

GPT NW 32nd Avenue Owner LLC

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150 150 150	Estimated Charge	\$125.00
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Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company

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3/30/2016 L33 PM

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	GPT NW 32nd Avenue Owner LLC
2010	Name of Limited Liability Company
The ex Existe	used "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica , and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Picase	turn all correspondence concerning this matter to the following:
	Mary Paris
	Name of Person
	Triad Professional Services
	Firm/Company
	1720 Windward Concourse, Suite 390,
	Address
	Alpharetta GA 30003
	City/State and Zip Code
	jbaden@triadpros.com
	E-mail address: (to be used for fature annual report notification)
For fi	er information concerning this matter, please call:
	Mary Paris 770 777-2091
	Name of Contact 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
Enck	t is a check for the following amount: If \$125.00 Filing Fee

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation, , Florida 33324 (City) (Zip code) Registered agent's acceptance: (City) (Zip code) Registered agent and to accept service of process for the above stated limited liability company at the picking been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further o complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am famillar a accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: GPT OPERATING PARTNERSHIP LP, Member	(Name of Fore	Owner LLC	alista W Lankard Dishilikiy Common W. W.	The state of the s
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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GPT NW 32ND AVENUE 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 THIRTIETH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GPT NW 32ND AVENUE OWNER LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2016.

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

5994100 8300
SR# 20161961656
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202064939

Date: 03-30-16