

MTL 00 0002646

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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H160000795173ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAN PROFESSIONAL SERVICES COA
Account Number : I20160000009
Phone : (770) 777-2091
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**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2016 APR 11 PM 1:18

TALLAHASSEE, FLORIDA

HP LaserJet 200 colorMFP M276nw

Fax Confirmation

Mar-30-2016 13:43

Job	Date	Time	Type	Identification	Duration	Pages	Result
3142	3/30/2016	13:42:35	Send	18506176383	1:04	4	OK

Division of Corporations

<https://files.sos.fl.us/scripts/wficonv1.asp>

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 417-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES COA
Account Number : 32016000003
Phone : (770) 777-2091
Fax Number : (770) 220-1343

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

EMAIL Address:

Foreign Limited Liability Company GPT NW 32nd Avenue Owner LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2016 APR 11 PM 1:18

STATE OF FLORIDA

Re-Submitting

Please file w/
effective date

March 30, 2016

850 245 6051

3/30/2016 1:33 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GPT NW 32nd Avenue 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:

Mary Paris

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Concourse, Suite 390,

Address

Alpharetta GA 30005

City/State and Zip Code

jbaden@triadpro.com

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

For further information concerning this matter, please call:

Mary Paris

770

777-2091

Name of Contact Person

at

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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. GPT NW 32nd Avenue Owner LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 521 Fifth Avenue, 30th Floor New York, NY 10175

(Street Address of Principal Office)

6. 521 Fifth Avenue, 30th Floor New York, NY 10175

(Mailing Address)

7. 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:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(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

521 Fifth Avenue, 30th Floor New York, NY 10175

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

EDWARD J. MATEY JR.

Vice President

Typed or printed name of signee

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202064939

Date: 03-30-16