

# A/6000003047

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H160000795153ABC1

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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 SW 12th Avenue Owner LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

*Resubmitting  
Please file w  
effective date  
March 30, 2016*

K. SALLY  
EXAMINER

APR 13

HP LaserJet 200 colorMFP M276nw

## Fax Confirmation

Mar-30-2016 13:45

Job	Date	Time	Type	Identification	Duration	Pages	Result
3143	3/30/2016	13:44:11	Send	18506176363	1:06	4	OK

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.stx>

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

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To: Division of Corporations  
Fax Number: (850) 617-6483

From: Account Name: TRIAN PROFESSIONAL SERVICES COA  
Account Number: 120180000009  
Phone: (772) 777-1091  
Fax Number: (772) 270-1943

**\*\*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 SW 12th Avenue Owner LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2016 APR 12 AM 10:50

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** GPT SW 12th 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@triadpros.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

at ( )

\_\_\_\_\_  
 Name of Contact Person

\_\_\_\_\_  
 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 SW 12th 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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, 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

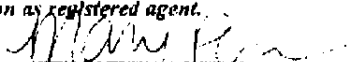
(Mailing Address)

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:**

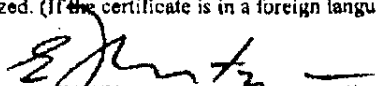
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
(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 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

FILED  
2016 MAR 30 AM 6:35  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GPT SW 12TH 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 SW 12TH AVENUE OWNER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2016.

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

FILED  
2016 MAR 30 AM 6:35  
JULY 2016



5995150 8300

SR# 20161961605

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202064929

Date: 03-30-16