## 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 : C T CORPORATION SYSTEM

Account Number : FCA000000023

: .(850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for futured. er the email address for this business entity to be used annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Parkway Realty Management, LLC

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	PARKWAY REALTY MANAGEMENT, LI	LC	
	Name	of Limited Liability	Company
The end Existen	closed "Application by Foreign Limited Liability Coce, and check are submitted to register the above ref	mpany for Authoriza erenced foreign limit	tion to Transact Business in Florida," Certificate of ted liability company to transact business in Florida
Please	return all correspondence concerning this matter to t	he following:	
	A. Noni Holmes-Kidd		
		Name of Person	
	Parkway Properties, Inc.		
		Firm/Company	
	390 North Orange Avenue, Suite 2400		
•	***************************************	Address	`
	Orlando, FL 32801		
	City	/State and Zip Code	
	nholmes-kidd@pky.com		
	E-mail address: (to be us	sed for future annual	report notification)
For furt	her information concerning this matter, please call:		
	Noni Holmes-Kidd	407 at (	581-3351
	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 Tatlahassee, FL 32301
Enclose	d is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin	g Fee & \$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. Parkway Realty Manag	eign Limited Liability Company; mus	t inclu	de "Limite	ed Liability	y Company."	"L.L.C.," or	·LLC.")		-
Of come unovailable arror of	tamete agent de la Cont			<del>-</del>	51 A. M.			. 4 103 :	
Liability Company," "L.L.C.	ternate name adopted for the purpose " or "LLC.")	: OF TRE	msactiff o	natuezz iu	Plonda. Inc	atternate nam	e must inc	wae "Lin	nitea
2. DE		3	81-3438	3666					
	of which foreign limited liability	٠,		(	FEI number.	if applicable)			-
4							_		
	(Date first transacted busine (See sections 605.0904 & 605.	ss in F 0905,	lorida, il p F.S. to det	rior to reg ermino per	istration.) nalty liability	)			
5. 390 North Orange Ave	nue, Suite 2400						_		
Orlando, FL 32801									
	(Street Address of P	rincip	al Office)			<del></del>	-		
6. 390 North Orange Aver	nue, Suite 2400						-		
Orlando, FL 32801									
	(Mailing A	deres	\$)				-		
7. Name and street addres	s of Florida registered agent: (P.	D. Bo	x <u>NOT</u> a	cceptable	:)				
Name:	C T Corporation System								
Office Address:	1200 South Pine Island Road								တ်
	Plantation				lorida 333	24		174	AUG
	(City)			۰, ۰	(2	Zip code)	-	10 1	L2.
Registered agent's accept Having been named as set	lance: gistered agent and to accept serv	ion of	ingenere f	for the ab	oue stated I	lmited light	litu comp	on at th	(Ji e nince
designated in this applicat	tion, I hereby accept the appoint	ment.	os registe.	red ogen.	i and agree	to act in thi	s capacity	. I furtl	het ågree
to complywith the provision	ons of all statutes relative to the p my position as registered agent.	rope	r and com	splete per	formance o	f my dutles,	, and I an	r familia	ir with an
uccept the outgations of h	ny position as registerea agent.  C T Compression Sy	stem	Nathan (	Ciffin As	eistant Secr	relary		31	Ň
1	By:Nathan Gusten Unegiste	red ag	ent's signa	sture)	3.3.411. 000.		-	Ţ	#
	city and address of the person(s)								
A. Noni Holmes-Kidd	city and address of the personits)	WIIO II	143/11276 4	uuloiny i	io manage is	ale.			
Vice President and General	I Counsel			·					
390 North Orange Avenue	, Suite 2400, Orlando, FL 32801			<del></del> _					
9. Attached is a certificate	of existence, no more than 90 day of which it is organized. (If the ce	s old	, duly suff	henticated	d by the office	cial having o	custody of	frecords	in the
of the translator must be su				1014.2.1					
	Signature o	១ ខែ១ ៖	uthorized	person	<del></del>	<del></del> -			
	in accordance with section 605.0							rmation	
Mounted in a document to	the Department of State constitut  A. Noni Holmes-Kidd	es a U	nird degre	e telony i	as provided	10r in s.817.	155, F.S.		
	m. man richines Kiuu								

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 "PARKWAY REALTY MANAGEMENT, 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-FOURTH DAY OF AUGUST, A.D. 2016.

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

ficate online at corn delawage gov/aut

Authentication: 202883211

Date: 08-24-16

6114098 8300

SR# 20165509956

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