## M160000007054

| (                    | Requestor's Name)       |        |  |  |  |  |  |
|----------------------|-------------------------|--------|--|--|--|--|--|
|                      | Address)                |        |  |  |  |  |  |
|                      | Address)                |        |  |  |  |  |  |
| (                    | City/State/Zip/Phone #) |        |  |  |  |  |  |
| PICK-UP              | ☐ WAIT                  | MAIL   |  |  |  |  |  |
|                      | Business Entity Name)   |        |  |  |  |  |  |
|                      |                         |        |  |  |  |  |  |
| (Document Number)    |                         |        |  |  |  |  |  |
| Certified Copies     | Certificates of S       | Status |  |  |  |  |  |
| Special Instructions | to Filing Officer:      |        |  |  |  |  |  |
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## COVER LETTER

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| то:                               | Registration Section Diasion of Corporations   |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| SUBJE                             | HSRE-CAPSTONE TAMPA LLC CT:  |  |  |  |  |
|                                   | Name of Limited Liability Company  |  |  |  |  |
|                                   | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida    |  |  |  |  |
| Please                            | eturn all correspondence concerning this matter to the following:  |  |  |  |  |
|                                   | GREG WILLIAMS  |  |  |  |  |
|                                   | Name of Person   |  |  |  |  |
| CAPSTONE DEVELOPMENT PARTNERS LLC |  |  |  |  |  |
| Firm/Company                      |  |  |  |  |  |
| 402 OFFICE PARK DRIVE SUITE 199   |  |  |  |  |  |
| Address                           |  |  |  |  |  |
|                                   | BIRMINGHAM, ALABAMA 35223  |  |  |  |  |
|                                   | City/State and Zip Code  |  |  |  |  |
|                                   | GWILLIAMS@CAPSTONEMAIL.COM   |  |  |  |  |
|                                   | E-mail address: (to be used for future annual report notification)   |  |  |  |  |
| For fur                           | her information concerning this matter, please call:   |  |  |  |  |
|                                   | GREG WILLIAMS 205 949-5066 at ( )  |  |  |  |  |
|                                   | Name of Contact Person Area Code Daytime Telephone Number  |  |  |  |  |
|                                   | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301                                   |  |  |  |  |
| Enclose                           | d is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status □ \$155.00 Filing 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA

|  | ISINESS IN THE STATE OF FLORIDA   | <b>4</b> :            |                                     | •                                       |                                      |                                       |
|--|---|-----------------------|-------------------------------------|---|--------------------------------------|---------------------------------------|
| 1. HSRE-CAPSTONE TA  | AMPA LLC<br>eign Limited Liability Company; mu  | المدانية              | la (IT imited Tick                  | Slity Company " " I C                   | " or "   1 ( )")                     | <del></del>                           |
| (Name of Fore  | eigh Emmed Elaomiy Company, me  | ist includ            | ie Limited Lind                     | mity Company, L.L.C                     | ., or ELC.                           |                                       |
| (If name unavailable, enter al<br>Liability Company," "L.L.C,  | Iternate name adopted for the purpos  | se of trar            | sacting business                    | in Florida. The alternat                | e name must inc                      | clude "Limited                        |
| 2. DELAWARE  | or LLC. )   |                       | 81-3493768                          |   |                                      |                                       |
| (Jurisdiction under the law  | of which foreign limited liability  | 3.                    |                                     | (FEI number, if applications)           | cable)                               |                                       |
| company is organized)  August 24, 2016   |   |                       |                                     |   |                                      |                                       |
| 4. August 24, 2010   | (Date first transacted busing<br>(See sections 605.0904 & 605   | ess in Fl             | orida, if prior to                  | registration.)                          |                                      |                                       |
| 5. 402 OFFICE PARK D   |   | .0905, r              | .S. to determine                    | penalty natinity)                       |                                      |                                       |
| BIRMINGHAM, ALA  | ABAMA 35223   |                       |                                     |   |                                      |                                       |
| <del></del>  | (Street Address of  | Principa              | l Office)                           |   | <del></del>                          |                                       |
| 6. 402 OFFICE PARK DI  | RIVE SUTTE 199  |                       |                                     |   |                                      | 6,5                                   |
| BIRMINGHAM, ALA  | ABAMA 35223   |                       |                                     |   |                                      | 19 1                                  |
|  | (Mailing  | Address               | )                                   | , | ر<br>پ                               | β                                     |
| 7. Name and street addres  | s of Florida registered agent: (P   | .O. Box               | NOT accepta                         | ble)                                    | ;<br>(<br>!                          | Armo : :                              |
| Name:  | C T Corporation System  |                       |                                     |   |                                      | Frs ,                                 |
| Office Address:  | 1200 South Pine Island Road   |                       | ····                                |   |                                      | ORLI<br>ORLI                          |
|  | Plantation, FL  |                       |                                     | , Florida 33324 (Zip code               |                                      | 1211                                  |
| Registered agent's accep   | (City)  |                       |                                     | (Zip code                               | ; <b>)</b> .                         | •                                     |
| designated in this application to complywith the provision to the complete the comple | gistered agent and to accept ser<br>tion, I hereby accept the appoin<br>ons of all statutes relative to the<br>my position as registered agent. | tment a<br>proper     | s registered ag<br>and complete     | ent and agree to act i                  | in this capacity                     | y. I further agree                    |
|  | (Regis  | tered age             | nt's signature)                     |   |                                      |                                       |
| 8. The name, title or capa   | acity and address of the person(s)  |                       |                                     | ty to manage is/are:                    |                                      |                                       |
| L. Jeff J  | uses member   |                       |                                     |   |                                      |                                       |
| 402 OFFICE   | Park Derve Swam GL 352  | ite                   | 195                                 |   |                                      | ·<br>-                                |
| Birminch   | amal 352  | <u>~3</u>             |                                     |   |                                      | _                                     |
| رے<br>9. Attached is a certificate   | of existence, no more than 90 day of which it is organized. (If the cubmitted)  | ays old,<br>ertificat | duly authentics                     | n language, a translation               | ving custody o<br>on of the certif   | f records in the<br>ficate under oath |
| This document is executed submitted in a document to   | in accordance with section 605.   | 0203 (1)<br>utes a th | ) (b), Florida S<br>ird degree felo | tatutes. I am aware tha                 | it any false info<br>3.817.155, F.S. | ormation                              |
|  | L. Jef  |                       |                                     |   | -                                    |                                       |
|  | Typed or p  | printed h             | ante of signee                      |   |                                      |                                       |

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HSRE-CAPSTONE TAMPA, 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-THIRD DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HSRE-CAPSTONE TAMPA, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202874441

Date: 08-23-16