Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000378723)))



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

:cT

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338 : (954)208-0845

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

Email Address:_

Foreign Limited Liability Company Waypoint Tampa Starkey Owner, LLC

3:16	ENER CONTRACT OF THE PROPERTY
E	(E.)
017 FEB -8	SLLAHASSE
70	' <u>~</u> "

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

Electronic Filing Menu Corporate Filing Menu

Help

To: Page 3 of 9

CO	VI	777	LEG	TER
uv	,,,		1414	

	sistration Section ision of Corporation	ıs				
SHOTECT.	Waypoint Tampa St	arkey Owner, LLC				
SUBJECT:	* * * * * * * * * * * * * * * * * * *	Name of	Limited Liability (Company		
					ansact Business in Florida," Co y company to transact business	
Please return	all correspondence c	oncerning this matter to the	following:			
	Rebecca Willis					
		N	ame of Person	······································		
	Waypoint Resid					
	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	न	irm/Company		gangiliranding ganggapangang magang salpungkangkangan gaping-panda di saman dan salambanding	
	3475 Piedmont	Rd. NE, Suite 1640				
	· ====================================		Address	**************************************	·	
	Atlanta, GA 30	305				
	with plate offertible with the second company of the second compan	City/S	tate and Zip Code			
	rwillis@waypoin	tresidential.com				
		F-mail address: (to be use	d for future annual	report not	ification)	
For further in	iformation concerning	this matter, please call:				
Rel	occa Willis		770	817-59	50	
	Name o	f Contact Person	Area Code	Day	tline Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section Box 6327 habassee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding coutive Center Circle see, FL 32301	
	check for the follow. 125.00 Filing Fee	ing amount: \$\infty\$ \$130.00 Filling Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Certified Copy	licate

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

IN COMPUANCE WITH SECTION 695,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-Waypoint Tampa Starkey Owner, LLC (Name of Foreign Limitou Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") If name unavailable, only 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. Applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon filing (Date tirst transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2200 Atlantic Street, Suite 520 Stamford, CT 06902 (Street Address of Principal Office) 6. 3475 Piedmont Road NE, Suite 1640 Atlanea, GA 30305 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (Chyr Registered agent's acceptance: Having been named as registered agent und 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 complywith 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. **Angel Shearer** C T Corporation System Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Waypoint Tampa Starkey Investors, LP - Sole Member 2200 Atlantic Street, Suite 520 Stamford, CT 06902 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 onth of the translator must be submitted) e 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 fellows as provided for in 5.817.155, F.S.

Typed or printed name of signee

Eric J. Hade



Page 1

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

DELAWARE, DO HEREBY CERTIFY "WAYPOINT TAMPA STARKEY 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 EIGHTH DAY OF FEBRUARY, A.D. 2017.

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

6281617 8300 SR# 20170739970

SR# 20170739970

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

Jahrey W. Market v, Sacretary of State

Authentication: 202004879

Date: 02-08-17