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SECRETARY OF STATE
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## **COVER LETTER**

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			Name of Li	imited Liability Co	ompany				
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Please	return all corres <sub>l</sub>	oondence cor	ocerning this matter to the fo	ollowing:					
	Lind	say C'DeBac	a						
Name of Person							<del></del>		
Healthcare Trust of America Holdings, LP									
Firm/Company									
	16435 N. Scottsdale Road, Suite 320								
	Address								
	Scottsdale, AZ 85254					WITY NO3S	<b>7</b> ≅		
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lindsaycdebaca@htareit.com								ယ	FILED
			E-mail address: (to be used	for future annual	report noti	fication)		PH 12:	U
For fu	rther information	n concerning	this matter, please call:				治は	81 3	
	Lindsay C'De	еBaca		480 at (	998-347	18			
	· · · · · ·	Name of	Contact Person	Area Code	Dayı	time Telephone Numbe	er		
	MAILING A Division of C Registration S P.O. Box 632 Tallahassee,	Corporations Section 27			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
Enclo	sed is a check fo		ng amount:  \$\square\$ \$\\$130.00 \text{ Filing Fee & } \$\\$Certificate of Status}	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Feorified		cate	

## 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:

claware staddion under the law of which foreign limited liability ompany is organized)  Jpon registration  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  16435 N. Scottsdale Road, Suite 320  Scottsdale, AZ 85254  (Street Address of Principal Office)  Scottsdale, AZ 85254  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  1200 South Pine Island Road  Plantation  Plantation  (City)  (City)  (Street Address for Principal Office)  Name:  Office Address:  (City)  (City)  (City)  (City)  (Registered agent and agree to act in this captomylywith the provisions of all statutes relative to the proper and complete performance of my duties, and epit the obligations of my position as registered agent.  Assistant Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  altheore Trust of America Holdings, LP - sole member  IGH3S M. Scottsdale, AZ 85354  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cust satisfication under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)  Signature of an authorized person  Signature of an authorized person	ust include "Limite
(City)  Signature of an authorized person  The name, title or capacity and address of the person(s) who has/have authority to manage is/are: althcare Trust of America Holdings, LP – sole member  Name, title or capacity and address of the person(s) who has/have authority to manage is/are: althcare Trust of America Holdings, LP – sole member  Name, title or capacity and address, on more than 90 days old, duly authenticated by the official having cust isdiction under the law of which it is organized. (If the ceftificate is in a foreign language, a translation of the translator must be submitted)  (Signature of an authorized person)  (Street Address in Florida, if prior to registration, (See sections 605,0905, F.S. to determine penalty liability)  (Street Address of Principal Office)  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (P.O. Box NOT acceptable)  (City)  (Ci	
Oppor registration  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  16435 N. Scottsdale Road, Suite 320  Scottsdale, AZ 85254  (Street Address of Principal Office)  Scottsdale, AZ 85254  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  1200 South Pine Island Road  Plantation  (City)  (Sitseted agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability eignted in this application. I hereby accept the appointment as registered agent and agree to act in this captomylywith the provisions of all statutes relative to the proper and complete performance of my duties, among the obligations of my position as registered agent.  Assistant Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  althcare Trust of America Holdings, LP - sole member  10435 A. Sobt Col. L. Sob	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  16435 N. Scottsdale Road, Suite 320  Scottsdale, AZ 85254  (Street Address of Principal Office)  Scottsdale, AZ 85254  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  1200 South Pine Island Road  Plantation  (City)  (Registered agent and agree to act in this capanity the provisions of all statutes relative to the proper and complete performance of my duties, and ept the obligations of my position as registered agent.  Assistant Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are: althcare Trust of America Holdings, LP - sole member  10435 AV. Scottscale Az. 85384  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cust is dictition under the law of which it is organized. (If the offiticate is in a foreign language, a translation of the translator must be submitted)  Signature of an authorized person	
Scottsdale, AZ 85254  (Street Address of Principal Office)  Scottsdale, AZ 85254  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Office Address:  (City)	
Scottsdale, AZ 85254  (Street Address of Principal Office)  Scottsdale, AZ 85254  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address:  Office Address:  (City)	
(Street Address of Principal Office)  Scottsdale, AZ 85254  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability of ignated in this application, I hereby accept the appointment as registered agent and agree to act in this caption of the provisions of all statutes relative to the proper and complete performance of my duties, and ept the obligations of my position as registered agent.  Assistant Secretary  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are: althcare Trust of America Holdings, LP - sole member  16-435 Al. Scottsdale, Al. 85354  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cust is diction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	
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Typed or printed name of signce

Robert Milligan, Authorized Signatory/CFO of Sole Member

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HTA-GUNN MOB, 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-FIFTH DAY OF APRIL, A.D. 2017.

THE SECURE LANGE OF STATE SECURE LANGUAGE OF STATE



Authentication: 202428650

Date: 04-25-17

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SR# 20172767910

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