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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -3 PM 3:07

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HTA-MLK MOB, 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:

Lindsay C'DeBaca  
Name of Person  
Healthcare Trust of America Holdings, LP  
Firm/Company  
16435 N. Scottsdale Road, Suite 320  
Address  
Scottsdale, AZ 85254  
City/State and Zip Code  
lindsaycdebaca@htareit.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 MAY -3 PM 3:01

For further information concerning this matter, please call:

Lindsay C'DeBaca 480 998-3478  
Name of Contact Person at ( ) 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. HTA-MLK MOB, 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. Applied For  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon registration  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16435 N. Scottsdale Road, Suite 320  
Scottsdale, AZ 85254  
(Street Address of Principal Office)

6. 16435 N. Scottsdale Road, Suite 320  
Scottsdale, AZ 85254  
(Mailing Address)

7. 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) (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.*

[Signature] 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:

Healthcare Trust of America Holdings, LP - sole member

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]  
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.

Robert Milligan, Authorized Signatory/CFO of Sole Member  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -3 PM 3:07

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HTA-MLK 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-SEVENTH DAY OF APRIL, A.D. 2017.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -3 PM 3:07



  
Jeffrey W. Bullock, Secretary of State

6393792 8300

SR# 20172860234

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

Authentication: 202450639

Date: 04-27-17

# Delaware

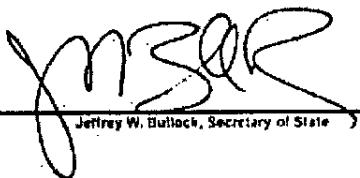
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "HTA-MLK MOB, LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2017, AT 11:58 O`CLOCK A.M.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -3 PM 3:07



  
Jeffrey W. Bullock, Secretary of State

6393792 8100  
SR# 20172860234

Authentication: 202450638  
Date: 04-27-17

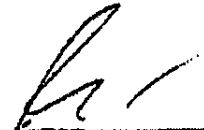
You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:58 AM 04/27/2017  
FILED 11:58 AM 04/27/2017  
SR 20172860234 - FileNumber 6393792

**CERTIFICATE OF FORMATION  
OF  
HTA-MLK MOB, LLC**

1. The name of the limited liability company is  
HTA-MLK MOB, LLC
2. The address of its registered office in the State of Delaware is 1209 Orange Street, Wilmington,  
Delaware 19801. The name of its registered agent at such address is The Corporation Trust  
Company.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Formation on this 24th  
day of April, 2017.

  
\_\_\_\_\_  
Robert A. Milligan  
Authorized Person

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SECRETARY OF FLORIDA  
TALLAHASSEE  
MAY 1 3 PM 3:01