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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

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

Email Address:

> Foreign Limited Liability Company HTA-Heartland Sebring, LLC

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TO: Registration Section

COVER LETTER

Divi	sion of Corporatio	ns					
SUBJECT:	HT'A-Heartland Sel	bring, LLC					
on better	Name of Limited Liability Company						
The enclosed Existence, an	"Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authorizat enced foreign limite	ion to Tr d liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida		
Please return	all correspondence	concerning this matter to the	following:				
	Lindsay C'DeF	laca					
	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						
	lindsnycdebuca@						
		E-mail address: (to be use	d for future annual r	eport no	tification)		
For further in	formation concernin	g this matter, please call:					
Line	Isay C'DeBaca		480 at (998-34	78		
<u> </u>	Name o	of Contact Person	Area Code	Day	time Telephone Number		
Divi Regi P.O.	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 Circl Tallahassee, FL 32301		of Corporations ion Section uilding coutive Center Circle				
	check for the follow 125.00 Filing Fee	ring amount: \$\frac{1}{2}\$	☐ \$155.00 Filing Certified Copy	Fce &	☐ \$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 605,0002, FLORIDA STATUTES, THE POLLOTING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HTA-Heartland Sebring, 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.") Delaware Applied For (Jurisdiction under the law of which foreign limited limitity (FEI number, if applicable) company is organized) Upon 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) 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) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 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. CT CORPORATION SYSTEM / CHRIS RICKARD (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 16435 N. Scottsdale Road Suite 320 Scottsdale, AZ 85254 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 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

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HTA-HEARTLAND SEBRING, 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 FIRST DAY OF JUNE, A.D. 2017.

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

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6427963 8300 SR# 20174502662

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

Justicey W. Wolface, Secretary of SIMs

Authentication: 202634784

Date: 06-01-17