MITOUWY977

(Re	equestor's Name)			
(Ad	ddress)			
(Ār	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Be	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



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TILED

2017 JUN 12 A 9 55

SECRETATY OF STATE JALLAHASSEE, FLORIDA

2017 JUN 12 M II: 0

D. BRUCE JUN 13 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 678462 8049580

AUTHORIZATION :

COST LIMIT : \$ 165.00

ORDER DATE: June 12, 2017

ORDER TIME : 10:14 AM

ORDER NO. : 678462-005

CUSTOMER NO: 8049580

FOREIGN FILINGS

NAME: ALAFAYA MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

TILED 2017 JUN 12 A &

COVER LETTER

10.	Division of Corporations
SUBJECT:	_{ст:} Alafaya Management, 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:			
Carol N	/ IcEwen				
	· Na	ame of Person			
Baker	& Hostetler Ll	LP			
	Fi	rm/Company			
1170 P	eachtree Stre	eet, Suite	e 2400		
		Address			
Atlanta	, GA 30309				
	City/St	ate and Zip Code			
joel.gre	gory@landma			ALL SEC	
	E-mail address: (to be used	I for future annual	report notification)	NOT	11
For further information concerning	g this matter, please call:			ARY SSE	7
Carol McEwen		_at (404	256-8245	ω _{ci} ν	FILED
Name o	of Contact Person	Area Code	Daytime Telephor	ic Number o	U
MAILING ADDRESS: Division of Corporations Registration Section			STREET ADDRESS: Division of Corporation Registration Section	5 5 S	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
: :			Tallahassee, FL 32301	Circle	
Enclosed is a check for the follow	ing amount:				
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	_	Filing Fee, Certin Certified Copy	ficate

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 TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Alafaya Managemen	it, LLC Limited Liability Company; must include "L	imited Liability Co.	mpany,""L.L.C.," or "LL	C.")		
•	ame adopted for the purpose of transacting business	in Florida. The alternat	to name must include "Limited	I Liability Company," "L	.L.C," or "LLC."	')
Delaware (Jurisdiction under the law of wh	ich foreign limited liability company is organized)	_ 3	(FET)	number, if applicable)	<u> </u>	Ī
n/o						
. <u>n/a</u>	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	nor to registration.)				
455 Epps Bridge Parkw	/ay, Building 100 Suite 201			av Bullding 100 S	Suite 201	
(Street Address of Principal Office)		6. 455 Epps Bridge Parkway, Bullding 100 Suite 201 (Mailing Address)				
Athens, GA 30606		Ath	nens, GA 30606			
	<u> </u>					
/. Name and street address	s of Florida registered agent: (P.O.	Box NOT acce	ptable)			
Name:	Corporation Service Company	/		₽	26	
Office Address:	1201 Hays Street			ECR LAI	₹.	
	Tallahassee	<u></u>	, Florida 32301	HAS	₹.	
Registered agent's accept	(City)			<u>сер) Б.</u>	72	
nd accept the obligations	of my position as registered agent. (Registered ag	eni's signature)	6		ssa Zend ice Presi	
8. The name, title or capac	city and address of the person(s) wh	o has/have autho	ority to manage is/are	: :		
Title or Capacity:	Name and Address:		or Capacity:	Name and	Address:	
Manager	The Station at Alafaya, LL					
	455 Epps Bridge Pkwy, Bldg Athens, GA 30606	100 Ste 201				
	Milens, On Good					
	· · · · · · · · · · · · · · · · · · ·					
				·		
Use attachments if necess	arv)					
. Attached is a certificate o	of existence, no more than 90 days of If which it is organized. (If the certif					
-	Side	uture of an authorized p	регзол	· · · · · · · · · · · · · · · · · · ·		
0. This document is execu- ubmitted in a document to	ted in accordance with section 605.0 the Department of State constitutes	0203 (1) (b), Flo a third degree fe	orida Statutes. I am av lony as provided for	vare that any false in s.817,155. F.S	: information	n
	J. Wesley Rogers, Authorized	-		,		

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALAFAYA MANAGEMENT, 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 TWELFTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALAFAYA MANAGEMENT, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2017.

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

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

6383191 8300

SR# 20174693160

Authentication: 202689850

Date: 06-12-17