| To: Page 2 of 5 6/12017 | Division of Corporations Electronic Filing Cover Sheet |
|-------------------------------|---|
| , | 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. |
| | (((H17000171862 3))) |
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| , | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. |
| · . | To: Division of Corporations Fax Number : (850)617-6383 |
| | From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 |
| | <pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre> |
| | Foreign Limited Liability Company Barclay Station LLC |
| VED * | Certificate of Status 0 Certified Copy 0 |
| S E | Page Count 04 Page 20 |
| RECEIVED 2011 JUN 29 AM 9- | Barclay Station LLC Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$125.00 |
| | Electronic Filing Menu Corporate Filing Menu Help |

https://efile.sunbiz.org/scripts/efilcovr.exe

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| Page 3 | of 5 | 2017-0 | 6-29 06:05:16 CST | 19542080845 From: Ranae N | 1c0 |
|--------|--|-------------------------------|---|--|-----|
| | | co | VER LETTER | | |
| TO: | Registration Section Division of Corporatio | ns | ¥ | | |
| SUBJ | Barelay Station LL | | | | |
| | | Nume of | Limited Liability Company | | |
| | | | | ransact Business in Florida," Certificate of ity company to transact business in Florida. | |
| Please | e return all correspondence | concerning this matter to the | following: | | |
| | BarbaraHood | | | | |
| | ····· | N | ame of Person | | |
| | Phillips Edisor | n & Company Ltd. | | | |
| | | ۲ | irm/Company | | |
| | 11501Northla | keDrive | | | |
| | | | Address | an a | |
| | Cincinnati, OI | 145249 | | | |
| | | | itate and Zip Code | | |
| | bhood@phillips | | | | |
| | | E-mail address: (to be use | d for future annual report no | odification) | |
| For fu | orther information concernit | ig this matter, please call. | | | |
| | BarbaraHood | | 513 554-1 at ()_ | 110 | |
| | Name | of Contact Person | | nytime Telephone Number | |
| | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tailahassee, FL 32314 | | Division Registra Clifton | <u>TADDRESS:</u> n of Corporations ation Section Building securive Center Circle | |
| | · | | | ssee, PL 32301 | |
| Enclo | sed is a check for the follow \$125.00 Filing Fee | ving amount: | □ \$155.00 Filing Fee & Certified Copy | \$160.00 Filing Fee, Certificate of Status & Certified Copy | |
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| Page 4 of 5 | | 2017-06-29 06:05:16 CST | 19542080845 From: Ranae McGrav |
|--|--|--|--|
| APPLICATION BY FO | DREIGN LIMITED I | LIABILITY COMPANY FOR AUTHORIZ IN FLORIDA | ATION TO TRANSACT BUSINESS |
| IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU | | A STATUTES, THE FOLLOWING IS SUBMITTED TO OF FLORIDA: | REGISTER A FOREIGN LIMITED LIABILITY |
| Barclay Station LLC | | | |
| (Name of For | tign Linuted Liability Co | ompany; must include "Limited Liability Company. | ""L.L.C.," or 'LLC.") |
| (If name unavailable, enter al Liability Company,? "LLC, | | r the purpose of transacting business in Florida. Th | e alternate name must include "Limited |
| 2. Delaware | | 3 applied for | |
| (Jurisdiction under the law company is organized) | of which foreign limited | Hiability (FEI mumber | , if applicable) |
| 4. | | filing | |
| ······································ | (Date first irans (See sections 605.) | acted business in Florida, if prior to registration.) 0904 & 605.0905, F.S. to determine penalty liabili | y) |
| 5. 11501 Northlake Drive | Cincipanti (NH 457. | | |
| | | | 10 |
| | (Surect | Address of Principal Office) | |
| 6. 11501 Northlake Drive | , Cincinnati, OH 4524 | 9 | PER E |
| a a fa a | , 1997 (1998) (1998) (1998) (1997) (1997) (1997) (1997) (1997) | | TILE |
| | | (Mailing Address) | |
| M 37 6 | | | |
| 7. Name and speet addres | | l agent: (P.O. Box <u>NOT</u> acceptable) | OF 2 |
| Name: | C T Corporation Sy | s(e)) | |
| Office Address: | 1200 South Pine Isl | | |
| | Plantation | . Florida 33 | 324 |
| Registered agent's accept | | (City) | (Zip code) |
| Having been named as re designated in this applica to comply with the provisi accept the obligations of | glistered agent and to tion, I hereby accept to ons of all statutes relations was variation as register | accept service of process for the above stated the appointment as registered agent and agre- tive to the proper and complete performance fed agent. poration System Mark Holloway, Asst. Sec. (Refistered agent's signative) | e to act in this capacity. I further agree |
| | | (| |
| | | e person(s) who has/have authority to manage | |
| Aegis Realty Operating P | armership, L.P., 1150 | 1 Northlake Drive, Cincinnati, OH 45249 Sole | Member |
| | | | |
| | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator nurst be st | of which it is organize | than 90 days old, duly authenticated by the of id. (If the certificate is in a foreign language, a | ficial having custody of records in the translation of the certificate under oath |
| | · ···· ···· | Peoles 2. Myour | |
| | | Signature of an authorized person | |
| | | ection 605.0203 (1) (b), Florida Statutes. I am a ate constitutes a third degree felony as provide | |
| | Robert F. Myers, Au | | |
| | | | |

Typed or printed name of signee

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARCLAY STATION 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 JUNE, A.D. 2017.

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

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FILED



2868387 8300

SR# 20174981560 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202792007 Date: 06-27-17