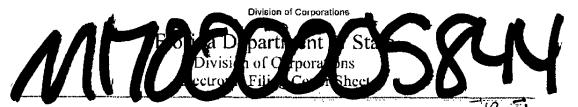
7/11/2017



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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

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

Email Address:

## MECEIVETT BITJULII RESSE SECRETARY OF STATE

#### Foreign Limited Liability Company Gateway Pinclas Residences LLC

Certificate of Status	Ü
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Corporate Filing Menu

Help

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#### COVER LETTER

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SHRIECT	GATEWAY PINEL	LAS RESIDENCES LLC				ئ منا	mt	
Name of Limited Liability Company					FCX	~		
The enclos Existence,	ed *Application by For and check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authorizat enced foreign limite	ion to Tra ed liabilit	unsact Business in Florid y company to transact by	DECer	in Florig	II.
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	Name of Person						<b>2</b> 2	
	The NRP Grou	p LLC	,					
	Firm/Company							
	5309 Transportation Boulevard							
	Address							
	Cleveland, Ohio 44125							
	City/State and Zip Code							
	slewis-horton@n	rpgroup.com						
	····	E-mail address; (to be use	d for future annual	report not	(fication)	<del></del> -		
For further	information concerning	this matter, please call;	ges.					
s	andra Lewis-Horton		216 at (	475-89	00			
	Name o	f Contact Person	Area Code	Day	time Telephone Number	r		
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						
	s a check for the follow \$125.00 Filing Fee	ing amount;  □ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, of Status & Certified G		icate	

### 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: GATEWAY PINELLAS RESIDENCES 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 mansacting business in Florida. The alternate name-rhispine met "Lamind Liability Company," "L.L.C," or "LLC.") , DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized). (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5309 Transportation Boulevard Cleveland, Ohio 44125 (Street Address of Principal Office) 5309 Transpontation Boulevard 66.8 Cleveland, Ohio 44125 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T 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. Kristin Bolden C T Corporation System By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: J. David Heller - President 5309 Transportation Blvd. Cleveland OH 44125 Andrew N. Tanner - Executive Vice President 5309 Transportation Blvd. Cleveland OH 44125 Neam Magence - Secretary 5309 Transportation Blvd. Cleveland OH 44125 4427 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)

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.

i. David Heller, Pi	resident	
	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 "GATEWAY PINELLAS RESIDENCES 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 ELEVENTH DAY OF JULY, A.D. 2017.

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

 $t^{-1}$ 

SEGRETARY OF STATE
TALLAHASSEE FINANCE

6429613 8300

SR# 20175170753

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

Setting W. Wortec E. Successory of State

Authentication: 202859040

Date: 07-11-17