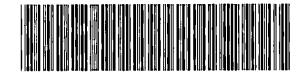
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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S. WARREN AUG 2 8 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 783168 7604215
AUTHORIZATION: Type 1 1004215

COST LIMIT : \$ 125.00

ORDER DATE: August 24, 2017

ORDER TIME : 12:33 PM

ORDER NO. : 783168-010

CUSTOMER NO: 7604215

FOREIGN FILINGS

NAME: CH JACKSONVILLE FL LANDLORD,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section

Divisio	on of Corporations		
SUBJECT: C	H Jacksonville FL Landlord, LLC		
nobuber _	Nam	e of Limited Liability Compa	any
			on to Transact Business in Florida," Certificate of I liability company to transact business in Florida
Please return al	Il correspondence concerning this matt	er to the following:	
	Allison McLeod		
		Name of Person	
	SunTrust Equity Funding, LLC		
		Firm/Company	
	3333 Peachtree Road, 10th Floo	or	
		Address	
	Atlanta, Georgia 30326		
		City/State and Zip Code	
	karen.king@suntrust.com		
	E-mail address: (to	be used for future annual re	port notification)
For further info	ormation concerning this matter, please	e call:	
Karer	n King	at (⁴⁰⁴	439-7662 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
Divisi Regisi P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ile
	a check for the following amour 25.00 Filing Fee \$\square\$\$\$S\$ \$130.00 Filing Certificate of \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	Fee & \$155.00 Filing	•

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: CH Jacksonville FL Landlord, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3333 Peachtree Road, 10th Floor, MC 3951 Atlanta, Georgia 30326 (Street Address of Principal Office) 3333 Peachtree Road, 10th Floor, MC 3951 Atlanta, Georgia 30326 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Allison McLeod, Manager, 3333 Peachtree Road, 10th Floor, MC 3951, Atlanta, Georgia 30326 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of accords in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under oath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the

Typed or printed name of signee

Allison McLeod

penalties of perjury that the facts stated herein are true 1 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.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are: Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL City/State/Zip	—————	le FL Landlord, LLC				
Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301	If unavailable	, the alternate to be used in	the state of Florida is:			
(Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301	2. The name	and the Florida street addre	ss of the registered agent and office are:			
Tallahassee Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301		Corporation Service Company				
Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301		(Name)				
Tallahassee FL 32301		1201 Hays Street				
<u> </u>		Florida Street Address (P.O. Box NOT ACCEPTABLE)				
City/State/Zip		Tallahassee	32301 FL			
			City/State/Zip	_		

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Florida Statutes.

Corporation Service Company Melissa Zender Asst. Vice President By: (Signature) \$ 100.00 Filing Fee for Application \$ 25.00 **Designation of Registered Agent** \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

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

DELAWARE, DO HEREBY CERTIFY "CH JACKSONVILLE FL LANDLORD, 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-FIFTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH JACKSONVILLE FL LANDLORD, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST,

A.D. 2017.

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

Authentication: 203119379

Date: 08-25-17

6521674 8300 SR# 20175888934