# M17000009061

(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



500304785365

2817 OCT-24 7.17 8:-2517 OCT 24 EN 4: 15

Cal S. P. Say

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 881876 7862578

AUTHORIZATION : Spelle Man

COST LIMIT :  $$\frac{1}{2}$$ .00

ORDER DATE: October 24, 2017

ORDER TIME : 2:47 PM

ORDER NO. : 881876-030

CUSTOMER NO: 7862578

#### FOREIGN FILINGS

NAME: GAHC4 LAKE MORTON FL SH, 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

UBJECT:	GAHC4 Lake Morton FL SH, LLC	Yimited Fielding Company		
	Name of Limited Liability Company			
he enclosed xistence, ar	I "Application by Foreign Limited Liability Comp ad check are submitted to register the above reference.	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificat y company to transact business in Flor	
lease return	all correspondence concerning this matter to the	following:	i I	
	N	ame of Person		
	Corporation Service Company			
	Fi	rm/Company		
	1201 Hays Street			
		Address		
	Tallahassee, Florida 32301		<del></del>	
	City/S	tate and Zip Code		
	E-mail address: (to be used	d for future annual report no	tification)	
or further in	nformation concerning this matter, please call:			
	Name of Contact Person	at ()	rtime Telephone Number	
Div Reg P.O	ision of Corporations istration Section . Box 6327 ahassee, FL 32314	Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	check for the following amount: 125.00 Filing Fee	S155.00 Filing Fee & Centified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	FL SH, LLC		
(Name of Foreign	Lumited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC	C.")
name unavailable, enter alternate n	ame adopted for the purpose of transacting busing	iness in Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Delaware	, , , , , , , , , , , , , , , , , , ,	3	
	uch foreign lumied hability company is organiza	ed) (FEIr	sumber, if applicable)
Have Ovelification			
Upon Qualification	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	if prior to registration.)	1
			g : 200
18191 Von Karman A		6. 18191 Von Karman Ave	4.44
Irvine, CA 92612	, <u> </u>	Irvine, CA 92612	Andress
			gj.
		<del></del>	
Name and street address	s of Florida registered agent: (P.	O Box NOT accentable)	2
rame and succe address			1.1 724
Name:	Corporation Service Company	<del></del>	<b></b>
Office Address:	1201 Hays Street		( <del>)</del>
	Tallahaccee	22201	हाः <b>,हारा</b> ।
	Tallahassee (City)	, Florida 32301	code)
aving been named as re signated in this applica comply with the provisi	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the sof my position as registered ago.  Corporation Service Compan	<i>i</i> 1	ted liability company at the place act in this capacity. I further agr ny duties, and I am familiar with Roxanne Turner
aving been named as re signated in this applica comply with the provisi ad accept the obligations	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Compan By:  (Registered)	tment as registered agent and agree to a proper and complete performance of nent	ted liability company at the place act in this capacity. I further agring duties, and I am familiar with Roxanne Turner Asst. Vice Preside
aving been named as re signated in this applica comply with the provisi ad accept the obligations	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Compan By:  (Registered)	tment as registered agent and agree to a proper and complete performance of nept	ted liability company at the place act in this capacity. I further agring duties, and I am familiar with Roxanne Turner Asst. Vice Preside
aving been named as resignated in this application comply with the provising accept the obligations.  The name, title or capa	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the stof my position as registered age Corporation Service Companiby:  (Registered agent and address of the person(s)	tment as registered agent and agree to a proper and complete performance of ment of the performance of the	ted liability company at the place act in this capacity. I further agricly duties, and I am familiar with Roxanne Turner Asst. Vice President:
aving been named as resignated in this applicated in this applicated in the provision of accept the obligations.  The name, title or capatities or Capacity:	gistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Companiby:  (Registered agent and Address of the person(s)  Name and Address:  GAHC4 Control FL Servor Housing P	tment as registered agent and agree to a proper and complete performance of ment  ed agent's signature)  who has/have authority to manage is/are  Title or Capacity:	ted liability company at the place act in this capacity. I further agricly duties, and I am familiar with Roxanne Turner Asst. Vice President:
aving been named as resignated in this applicated in this applicated comply with the provision accept the obligations.  The name, title or capatities or Capacity:	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Company:  (Registered agent and address of the person(s)  Name and Address:  GAHCA Control FL Servor Housing P	tment as registered agent and agree to a proper and complete performance of ment  ed agent's signature)  who has/have authority to manage is/are  Title or Capacity:	ted liability company at the place act in this capacity. I further agricly duties, and I am familiar with Roxanne Turner Asst. Vice President:
aving been named as resignated in this applicated in this applicated comply with the provision accept the obligations.  The name, title or capatities or Capacity:	gistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Companiby:  (Registered agent and Address of the person(s)  Name and Address:  GAHC4 Control FL Servor Housing P	tment as registered agent and agree to a proper and complete performance of ment  ed agent's signature)  who has/have authority to manage is/are  Title or Capacity:	ted liability company at the place act in this capacity. I further agricly duties, and I am familiar with Roxanne Turner Asst. Vice President:
signated in this applica comply with the provisi ad accept the obligations The name, title or capa Title or Capacity:	gistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Companiby:  (Registered agent and Address of the person(s)  Name and Address:  GAHC4 Control FL Servor Housing P	tment as registered agent and agree to a proper and complete performance of ment  ed agent's signature)  who has/have authority to manage is/are  Title or Capacity:	ted liability company at the place act in this capacity. I further agricly duties, and I am familiar with Roxanne Turner Asst. Vice President:
aving been named as resignated in this applicated in this applicated comply with the provision accept the obligations.  The name, title or capatities or Capacity:	gistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Companiby:  (Registered agent and Address of the person(s)  Name and Address:  GAHC4 Control FL Servor Housing P	tment as registered agent and agree to a proper and complete performance of ment  ed agent's signature)  who has/have authority to manage is/are  Title or Capacity:	ted liability company at the place act in this capacity. I further agricly duties, and I am familiar with Roxanne Turner Asst. Vice President:
aving been named as resignated in this applicated in this applicate comply with the provision accept the obligations.  The name, title or capate accept the Capacity:  Sole Member	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the stof my position as registered age Corporation Service Company:  (Registered agent and address of the person(s)  Name and Address:  GAHC4 Central FL Servor Housing P  18191 Von Karman Avenue, Suite 30  Irvine, CA 92612	tment as registered agent and agree to a proper and complete performance of ment  ed agent's signature)  who has/have authority to manage is/are  Title or Capacity:	ted liability company at the place act in this capacity. I further agricly duties, and I am familiar with Roxanne Turner Asst. Vice President:
aving been named as resignated in this applicate comply with the provision of accept the obligations.  The name, title or capate or Capacity: Sole Member  Jise attachments if necessary acception of the capacity of the capacity of the capacity:  Attached is a certificate desired or capacity of the capa	gistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the stof my position as registered age Corporation Service Company (Registered age Corporation Service Company)  (Registered agent and address of the person(s)  Name and Address:  GAHC4 Central FL Servor Housing P  18191 Von Karman Avenue, Suite 30 Irvine, CA 92612  Gary)  of existence, no more than 90 day of which it is organized. (If the co	tment as registered agent and agree to a proper and complete performance of ment  ed agent's signature)  who has/have authority to manage is/are  Title or Capacity:	Roxanne Turner  LLL Asst. Vice Preside  Name and Address:
aving been named as resignated in this applicate comply with the provising accept the obligations.  The name, title or capatitle or Capacity: Sole Member  Jise attachments if necess Attached is a certificate risdiction under the law of the translator must be sub. This document is executed.	gistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Company (Registered age Corporation Service Company)  (Registered agent and address of the person(s)  Name and Address:  GAHC4 Central FL Servor Housing P  18191 Von Karman Avenue, Suite 30 Irvine, CA 93612  Sary)  of existence, no more than 90 days of which it is organized. (If the combined)  uted in accordance with section 66	tment as registered agent and agree to a proper and complete performance of ment  ent  (1)  (1)  (1)  (2)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (7)  (7)  (7)  (7)  (8)  (8	having custody of records in the clation of the certificate under oath
aving been named as resignated in this applicate comply with the provising accept the obligations.  The name, title or capatitle or Capacity: Sole Member  Jise attachments if necess Attached is a certificate risdiction under the law of the translator must be submitted in a document to bmitted in a document to	gistered agent and to accept servicion, I hereby accept the appoint ons of all statutes relative to the sof my position as registered age Corporation Service Company (Registered age Corporation Service Company)  (Registered agent and address of the person(s)  Name and Address:  GAHC4 Central FL Servor Housing P  18191 Von Karman Avenue, Suite 30 Irvine, CA 92612  Sary)  of existence, no more than 90 days of which it is organized. (If the combinated)  uted in accordance with section 60 the Department of State constitutions.	tment as registered agent and agree to a proper and complete performance of ment agent's signature)  who has/have authority to manage is/arc Title or Capacity:  Portfolio, LLC 200  ays old, duly authenticated by the official ertificate is in a foreign language, a trans	having custody of records in the clation of the certificate under oath

## <u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "GAHC4 LAKE MORTON FL SH, 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-FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAHC4 LAKE MORTON FL SH, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203450882

Date: 10-24-17