(Red	questor's Name)			
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Certified Copies	_ Certificates	of Status		
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 073872 4312431

AUTHORIZATION : AUTHORIZATION : COST LIMIT : ALO.00

ORDER DATE : February 15, 2018

ORDER TIME : 10:0 AM

ORDER NO. : 073872-025

CUSTOMER NO: 4312431

FOREIGN FILINGS

NAME: FLAGLER 300 ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

XXXX QUALIFICATION (TYPE: LL)

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

### **COVER LETTER**

TO:

то:		ration Section п of Corporatio	ons						
SUBJE	Fl.	agler 300 Ass	ociates, LLC						
0000			Name of	Limited Liability	Сотрапу				
			reign Limited Liability Com ed to register the above refer						
Please	return all	correspondence	concerning this matter to the	following:					
		Richard B. Fri	ed						
			7	lame of Person			<del></del> -		
		c/o Maritime N	Management, LLC						
			F	irm/Company					
		One Maritime	Plaza, Suite 2100					2010	
				Address		:		-T1	. !!
		San Francisco	, California 94111					EB 16	,
			-	State and Zip Code			<del>। १</del>	シ	
		jmilling@farallo ———————————————————————————————————	-	I Co. Co.			<u> </u>	Ö	
For fur	ther infor	mation concerni	E-mail address: (to be use ng this matter, please call:	d for future annua	i report no	urication)		<b>പ</b> വ	
	Richar	rd B. Fried		415 at (	421-2	:151			
		Name	of Contact Person	Area Code	Day	time Telephone Numb	er .		•
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							
Enclose		eck for the follow i.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy	ng Fce &	■ \$160.00 Filing For of Status & Certified			

### 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:

(Name of Foreign	Limited Liability Company; must include "Limite	xd Liability Company," "L.L.C.," or "LLC."	
(if name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
2. Delaware		3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	ber, if applicable)
4. Upon registration			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	•
5. One Maritime Plaza, S	Suite 2100	6. One Maritime Plaza, Suite	2100
(Street Address of F San Francisco, Californ	•	(Mailing Add San Francisco, California S	
San Francisco, Camon	ma 74111	San Francisco, Camorna	
7. Name and street address	ss of Florida registered agent: (P.O. Bo)	( <u>NOT</u> acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		20
	Tallahassee	, Florida 32301 (7ip cos	
Registered agent's accep	(City)	(7ip cod	(e) (3)
	Corporation Sofvice Company By:  (Registered agent's actity and address of the person(s) who had	as/have authority to manage is/are:	Asst. Vice President
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
See A	Attachment A		
		_ _	
(Use attachments if neces	sary)		
	of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted)		
	euted in accordance with section 605.020 to the Department of State constitutes a th		
	Signatus	of an authorized person	
	Ricl	nard B. Fried	
		r printed name of signee	<del></del>

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

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

### Name and Address

Richard B. Fried e/o Maritime Management, LLC One Maritime Plaza, Suite 2100 San Francisco, California 94111

### Title or Capacity

Authorized signatory of Maritime Management, LLC, manager of Jacksonville REIT Investors, LLC, managing member of Jacksonville REIT Associates, LLC, sole member of Jacksonville REIT Mezzanine, LLC, sole member of the applicant

2018 FEB 15 A 10: 55

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLAGLER 300 ASSOCIATES, 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLAGLER 300 ASSOCIATES, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202146320

Date: 02-13-18

6749997 8300 SR# 20180971043