

3/30/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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.

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Foreign Limited Liability Company
ACC OP Development LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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K. SALY

APR 3 2018

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:

1. ACC OF Development LLC
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC."
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0901 & 605.0903, F.S., to determine penalty holidays)
5. 12700 Hill Country Boulevard
(Street Address of Principal Office)
Suite T-200
Austin, Texas 78738
6. 12700 Hill Country Boulevard
(Mailing Address)
Suite T-200
Austin, Texas 78738
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: C T Corporation System
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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 comply with 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.

By: Nathan Giffin Nathan Giffin, Assistant Secretary
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Managing Member	American Campus Communities Operating Partnership		
	12700 Hill Country Blvd.		
	Suite T-200		
	Austin, Texas 78738		

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

SEE ATTACHED ADDENDUM

Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

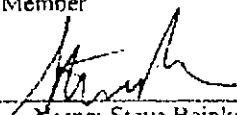
ADDENDUM

ACC OP DEVELOPMENT LLC

By: American Campus Communities Operating Partnership
LP, its Managing Member

By: American Campus Communities Holdings L.L.C.,
its General Partner

By: American Campus Communities, Inc.,
its Sole Member

By: 
Name: Steve Beinke
Title: VP

Date: 3/30/18

Delaware

The First State

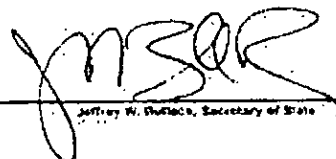
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACC OP DEVELOPMENT 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 THIRTIETH DAY OF MARCH, A.D. 2018.

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

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SECRETARY OF STATE
TALLMANSVILLE, DE




Jeffrey W. Bullock, Secretary of State

3998562 8300

SP# 20182330014

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

Authentication: 202426417

Date: 03-30-18