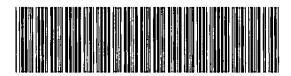
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SECRETARY OF STATE TALLAHASSEE, FLORID



y a	COV	ER LETTER	ئۇ	a- €
TO: Registration Section Division of Corporati	ons			, —
Centennial Thorn	on Park, LLC			
SUBJECT:	Name of I	imited Liability Co	ompany	
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Comp ted to register the above refere	any for Authorizati need foreign limite	on to Trans d liability o	act Business in Plorida," Certificate of company to transact business in Florida.
Please return all correspondence	concerning this matter to the	following:		
Lori Tipson				
	Ni	ime of Person		
Burr & Form	an LLP			
	Fi	rm/Company		
201 N. Frank	lin Street, Suite 3200			
		Address		
Tampa, FL 3	3602			
	City/S	tate and Zip Code	 _	
ltipson@bun.	com			
	E-mail address: (to be used	d for future annual	report notifi	cation)
For further information concern	ing this matter, please call:			
Lori Tipson or Erin	Hewitt	813 at (367-5742	or (404) 685-4246
Nam	e of Contact Person	Area Code	Daylin	ne Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, PL 3231-	ons		Division of Registration Clifton Bui 2661 Execu	
Enclosed is a check for the following Fee		■ \$155,00 Filin Certified Copy	U	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

	une adopted for the purpose of transaction	ng business in Flurids. Th	he alternate usine must include "Limited I	liability Company," "L.L.C," or "LLC.")
Delaware		- 1 .	3. Applied for	unber, if applicable)
(Jurisdiction under the law of wh	ich foreign limited liability company is e	orgamzed)	(TEI IR	ancer, it approximes
N/A				
	(Date first transacted business in F (See sections 605,0904 & 605,090	Florida, if prior to registra 05, F.S. to determine pent	nion.) alty liability)	
3348 Peachtree Road			6. 3348 Peachtree Road NE	, Suite 1000
(Street Address of F	riscipal Office)	-	(Mailing A Atlanta, GA 30326	ddress)
Atlanta, GA 30326			Atlanta, GA 30320	
Name and street address	s of Florida registered agent	t: (P.O. Box <u>NO</u>	<u>T</u> acceptable)	- 5
Name:	CT Corporation System			⊒ ¥
Office Address:	1200 South Pine Island Ro	oad		
	Pinntstion			
		(City)	, Florida 33324 (Zip	rode)
iving been named as re signated in this applica comply with the provisi	tance: gistered agent and to acception, I hereby accept the ap	of service of proce opointment as reg to the proper and	ess for the above stated limit distered agent and agree to a	ed liability company at the p ct in this capacity. I further ny duties, and I am familiar v
signated in this applica comply with the provisi	tance: gistered agent and to acception, I hereby accept the apions of all statutes relative to sof my position as registere	nt service of proce pointment as reg to the proper and ed agent.	ess for the above stated limit elstered agent and agree to a complete performance of n	ed liability company at the p ct in this capacity. I furth
rving been named as re signated in this applica comply with the provisi d accept the obligation	tance: gistered agent and to acception, I hereby accept the ap lons of all statutes relative to s of my position as registere	of service of proce pointment as reg to the proper and ed agent.	ess for the above stated limit elstered agent and agree to a complete performance of n	ed liability company at the p ct in this capacity. I further ny duties, and I am familiar v
aving been named as resignated in this applica comply with the provisi ad accept the obligation	tance: gistered agent and to acception, I hereby accept the ap lons of all statutes relative to s of my position as registere	of service of proce pointment as reg to the proper and ed agent. Registered agent's signatu- tion(s) who has/ha	ess for the above stated limit elstered agent and agree to a complete performance of n	ed liability company at the p ct in this capacity. I further ny duties, and I am familiar v
rving been named as re signated in this applica comply with the provisi d accept the obligation . The name, title or cap	tance: gistered agent and to acception, I hereby accept the apions of all statutes relative to sof my position as registered. (Hereby accept the apions of the person and address of the person active activ	of service of proce opointment as reg to the proper and ed agent. deginered agont's signatu- tion(s) who has/har ress:	ess for the above stated limit elstered agent and agree to a complete performance of n	ed liability company at the p ct in this capacity. I further ny duties, and I am familiar v
aving been named as resignated in this applicated in this applicated in this application and accept the obligation. The name, title or capacity:	tance: gistered agent and to acception, I hereby accept the aplons of all statutes relative to sof my position as registered. (Red)	of service of proce opointment as reg to the proper and ed agent. deginered agont's signatu- tion(s) who has/har ress:	ess for the above stated limit elstered agent and agree to a complete performance of n we) we authority to manage is/are Title or Capacity:	ed liability company at the p ct in this capacity. I further ny duties, and I am familiar v
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aving been named as resignated in this applicated in this applicated on the provised accept the obligation. The name, title or caparity: Sole Manager Jse attachments if necess	tance: gistered agent and to acception, I hereby accept the aplons of all statutes relative to sof my position as registered and address of the personate and Add	of service of procession the proper and ed agent. Registered agent's signature of the proper and ed agent. Resistered agent's signature of the proper and ed agent. Estate Fund Road NE	ess for the above stated limit elstered agent and agree to a complete performance of notice. Title or Capacity: Manager	ed liability company at the pet in this capacity. I further y duties, and I am familiar y
aving been named as resignated in this applicated in this applicated in this applicated in the provision of accept the obligation. The name, title or capatitle or Capatity: Sole Manager Use attachments if necessary acceptificated is a certificated.	tance: gistered agent and to acception, I hereby accept the application, I hereby accept the application of all statutes relative to sof my position as registered. (Remainstrate of the person of th	of service of processor in the proper and ed agent. Registered agent's signature in the proper and ed agent. Registered agent's signature in the proper and ed agent. Estate Fund Road NE 26	ess for the above stated limit elistered agent and agree to a complete performance of n we authority to manage is/are Title or Capacity: Manager	ed liability company at the p ct in this capacity. I further ny duties, and I am familiar v

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CENTENNIAL THORNTON PARK, 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 SECOND DAY OF MAY, A.D. 2018.



Authentication: 202623280

Date: 05-02-18

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