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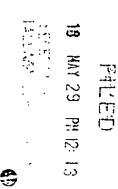
(Requestor's Name)						
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#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	S						
cri <b>n</b> II	ARE RP Bartow Les	see, LLC						
SUBJI	ECT:	Name of I	Limited Liability Con	npany				
The en Exister	closed "Application by Forence, and check are submitted	eign Limited Liability Comp I to register the above refere	pany for Authorization enced foreign limited	n to Trai liability	nsact Business in Florida," Certificate of company to transact business in Florida.			
Please	return all correspondence co	oncerning this matter to the	following:					
			arah Axelrod ame of Person					
		V	& Candan					
		Kowan & Cordon Firm/Company						
	75 14th Street, NE, Suite 2250							
			Address					
			anta, GA 30309					
		•	·					
	<del></del>	entities@ E-mail address: (to be use	monarchprivate.com d for future annual re	port not	ification)			
For fu	rther information concerning	g this matter, please call:						
	Sara	n Axelrod	at (404)		389-9040			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Р С 2	Division Registrat Clifton B 1661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle icc, FL 32301			
Enclo	sed is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$\infty\$\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	■ \$155.00 Filing Certified Copy	Fee &	77 \$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:

L. ARE RP Bartow Lessee	e LLC						
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liabilit	y Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The a	lternate name must include "Limited Erab	ility Company," "L L.C," or "LLC.")			
2. Fulton County, Georgia	l	3.					
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)				
4	(Date first transacted business in Florida, if prior	to registration	ı.)				
	(See sections 605,0904 & 605 0905, F.S. to dete						
5. 3414 Peachtree Road	100	6.	3414 Peachtree Road (Mailing Addr	ess)			
(Street Address of Principal Office) Suite 825							
			Atlanta, GA 30326	T 15 00			
Atlanta, GA 30326	<del></del>		Attailla, GA 30320	The half war was			
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)	725			
Noma	Angela M. Myeress			至150			
Name:				3			
Office Address:	1605 Main Street, Suite 709		<del></del>	\?			
	Sarasota		Florido 34238				
	(City)		, Florida 34238 (Zip code	. :			
Registered agent's accep	otance:						
and accept the obligation	ns of my position as registered agent.	X		_ <del></del>			
	(Registered ager	nt's signature)					
8. The name, title or cap	pacity and address of the person(s) who	has/have	authority to manage is/are:				
Title or Capacity:	Name and Address:	]	itle or Capacity:	Name and Address:			
CFO	Crang Hoffman						
<del></del>	3414 Peachtree Road, Suite 8	<del></del>					
	Atlanta, GA 30326						
	•						
	_						
	<del></del>	<del></del>					
	-						
(Use attachments if nece	ssary)						
O Attached is a certificate	e of existence, no more than 90 days o	ld, duly a	athenticated by the official ha	aving custody of records in the			
jurisdiction under the law	of which it is organized. (If the certifi	icate is in	a foreign language, a translat	ion of the certificate under oath			
of the translator must be			[]				
		ada ay a	S El-id Comment designs	es that any falce information			
10. This document is exe	cuted in accordance with section 605.0	12 <b>9</b> 3 (1) (0	o), riorida Statutes. I amyawai	s 817 155 F.S.			
submitted in a document	to the Department of State constitutes a			3.077.193, 1.0.			
			UNIM(/L/	<del></del>			
	Signa	ature of an aut	horized person				
	2		4				
		rah Axelm	O(I				

Control Number: 17090402

# STATE OF GEORGIA

# **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### ARE RP Bartow Lessee, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 15808072 Date Inc/Auth/Filed: 08/21/2017 Jurisdiction : Georgia : 05/25/2018 Print Date Form Number : 211



Secretary of State