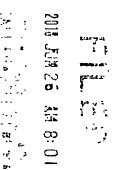
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(Ře	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	<del></del>
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300315036983



10 JUN 25 MH 10: 44

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallnassee, FL 3230. Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 271947 7604215

AUTHORIZATION :

COST LIMIT : \$ 125-00

ORDER DATE : June 22, 2018

ORDER TIME : 9:47 AM

ORDER NO. : 271947-010

CUSTOMER NO: 7604215

#### FOREIGN FILINGS

NAME: ME JACKSONVILLE FL LANDLORD,

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: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO: Registration Section

Divisi	on of Corporations				
SUBJECT: M	IE Jacksonville FL Landl	ord, LLC			
3003EC1		Name of Limited Liability Company			
		nited Liability Company for Authorization to Transact Business in Florida," Certificate the above referenced foreign limited liability company to transact business in			
Please return al	l correspondence concerni	ng this matter to the following:			
	Allison McLeod				
		Name of Person			
	SunTrust Equity Fund	ing, LLC			
		Firm/Company			
	3333 Peachtree Road	, 10th Floor			
		Address			
	Atlanta, Georgia 3032	6			
		City/State and Zip Code			
	karen.king@suntrust.c				
	E-mail	address: (to be used for future annual report notification)			
For further info	ormation concerning this m	atter, please call:			
Karer	n King	at (404 ) 439-7662			
	Name of Perso				
Divisi Regisi P.O. E	on of Corporations tration Section 30x 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	<del>-</del>	ng amount:  0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certific tificate of Status Certified Copy of Status & Certified Copy	ate		

### 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:

ME Jacksonville FL Landlord,		mited Liability Company," "L.L.C.," or "L	1C")
(rame of rotagn bitited bi	aomiy company, mast metade Es	miled Enterthing Company, 17.17.6., or E	<i>7</i> 5C. <i>)</i>
		ransacting business in Florida and attach a name. The alternate name must include "Lin	
Delaware	3.		
(Jurisdiction under the law of whicompany is organized)	ch foreign limited liability	(FEI number, if applicable)	
N/A			
	irst transacted business in Florida, ions 605.0904 & 605.0905, F.S. to		
3333 Peachtree Road, 10th	Floor, MC 3951		
Atlanta, Georgia 30326			
, , ,	(Street Address of Pri	ncipal Office)	711
3333 Peachtree Road, 10th F	loor, MC 3951		
Atlanta, Georgia 30326			
	(Mailing Add	iress)	
. The name, title or capacity	and address of the person(s)	who has/have authority to manage	is/are o
dlison McLeod, Manager, 3333	Peachtree Road, 10th Floor, M	IC 3951, Atlanta, Georgia 30326	
		old, duly authenticated by the official having o	
	h of the translator must be submitted		D. Imm Brando, m
		<del></del>	
	Signature of an aut	horized person	
(In accordance with so	· ·	this document constitutes an affirmation under	r the
penalties of perjury t	hat the facts stated herein are true, I are	n aware that any false information submitted degree felony as provided for in \$.817.1:	ed in a

Typed or printed name of signee

Allison McLeod

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability C	Company is:	
ME Jacksonvil	lle FL Landlord, LLC		
lf unavailable	e, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street add	dress of the registered agent and office are:	
	Corporation Service Co	mpany	
		(Name)	
	1201 Hays Street		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301	
		City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company

By: Emily Croft
Asst. Vice Presiden

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



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

DELAWARE, DO HEREBY CERTIFY "ME JACKSONVILLE FL LANDLORD, 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-FIFTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ME JACKSONVILLE FL LANDLORD, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2018.

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



Authentication: 202952476

Date: 06-25-18