(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300318422943

では 自治ななられて、そのでした。

18 SEP | 3 AM | 10: 58

HER TIPED

DIVISION OF CEREOPRATIONS
THE BULLSSEE FLORIDA

D SCOTT 231423 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 384655 8038825

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: September 12, 2018

ORDER TIME : 9:10 AM

ORDER NO. : 384655-005

CUSTOMER NO: 8038825

FOREIGN FILINGS

NAME: PROPERTY OWNER 8, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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

	gistration Section vision of Corporations						
SUBJECT:	Property Owner 8, LL	C				_	
		Name of Limite	ed Liability Company				
The enclose Existence, a	d "Application by Foreig nd check are submitted t	n Limited Liability Com o register the above refer	pany for Authorizati renced foreign limite	on to Transact Busin d liability company t	ess in Florida, o transact busi	' Certifica ness in Fl	ate ol lorida
Please return	n all correspondence con	cerning this matter to the	e following:				
	ROBYN MOLINE						
	· · · · · · · · · · · · · · · · · · ·	Ν'	ame of Person		·		
	PROGRESS RESI	DENTIAL, LLC					
	Firm/Company						
	P.O. BOX 4090				*		
	Address				,,	100 100 100 100 100 100 100 100 100 100	
					2		u q · grit i Li
	SCOTTSDALE, AZ 85261				.14	-5 -5	لغري حريد التصمين
		City/S	tate and Zip Code			لدا	ا
	RMOLINE@PROC	GRESSRESIDENTIAL.C	'OM		f. C	⊳	1
		E-mail address: (to be use		ort notification)		. / . (#)	-
For further i	nformation concerning th			·		Ş	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				σ	
RC	BYN MOLINE		at (480)	459-2446 Daytime Telepho			
	Name of C	ontact Person	Area Code	Daytime Telepho	one Number		
Div Reg P.O	ALLING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314	Divisio Registr Clifton 2661 E.	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circ ssee, FL 32301	lc			
Enclosed i	s a check for the foll	owing amount:					
		I \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy		Filing Fee, C us & Certified		

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

IN COMPILANCE 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 Property Owner 8, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L	C.," or "1.	LC.")	 _
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternation of "LLC," or "LLC,")	mate name	must include	"Limited
2. DELAWARE 3. 83-1245523			
(Jurisdiction under the law of which foreign limited liability (FEI number, if company is organized)	applicable)	<u>.</u>
1			_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
ATTN: LEGAL DEPT, 7500 N. DOBSON RD., SUITE 300, SCOTTSDALE, AZ 85256	 ,		
(Street Address of Principal Office)			
ATTN: LEGAL DEPT, P.O. BOX 4090, SCOTTSDALE, AZ 85261	*•	3	
·		<u> </u>	1
(Mailing Address)	<u> </u>	-()	,
· · · · · · · · · · · · · · · · · · ·		w	
The name, title or capacity and address of the person(s) who has/have authority	to mana	ige is/are:	
P2 Trust A, Sole Member LLC, 7500 N. DOBSON RD., SUITE 300, SCOTTSDALE, AZ 85256	۱۳ ت.	き	
		<u>o</u>	
	٠		
	•		
Attached is an original certificate of existence, no more than 90 days old, duly au	ithentica	ted by the	official
aving custody of records in the jurisdiction under the law of which it is organized.	(A phot	ocopy is n	ot
cceptable. If the certificate is in a foreign language, a translation of the certificate (nust be submitted)	under oa	in of the tr	ranslator
Signature of an authorized person			
n accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of n aware that any false information submitted in a document to the Department of State constitutes a third degree felony as	perjury that provided for	the facts stated in s 817,155, 1	berein are true. F.S.)
Terence McNally, Authorized Person			
Typed or printed name of signec			

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.

Property Own	e of the Limited Liability (ner 8, LLC		· · · · · · · · · · · · · · · · · · ·			
lf unavailab	ele, the alternate to be used	in the state of Florida is:				
2. The nam	e and the Florida street add	dress of the registered agent and office a	ıre:		_	
	Corporation Service Company					
		(Name)	7	डि. अ	~~ <u>~</u> ~	
	1201 Hays Street		÷.		ده جمین داهستم د	
	Florida Stro	eet Address (P.O. Box NOT ACCEPTABLE)	<u> </u>	ىد >	j 1	
	Tallahassee	FL 32301	:	7.3	•	
		City/State/Zip		<i>ن</i> ک		

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.

By: Enrily Croft
Asst. Vice President

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PROPERTY OWNER 8, LLC" IS DULY FORMED

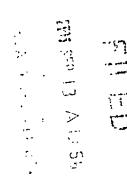
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWELFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPERTY OWNER 8, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2018.

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





Authentication: 203410713

Date: 09-12-18