11/180000008845

(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:
1218-86000

Office Use Only



100318800641



K. SALY SEP 27 2018



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGŁOBAL.COM

Account#: I20000000088 Date: September 26, 2018 **KEN HOWELL** Name:____ A456169 Reference #:____ Entity Name: PHVIF II NAVARRE BEACH, LLC ✓ Articles of Incorporation/Authorization to Transact Business *PLEASE KEEP FILE DATE 7 Amendment Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/Withdrawal Fictitous Name Other ** CERTIFIED COPY UPON FILING **

Signature:

Authorized Amount:

\$155.00



September 26, 2018

COGENCYGLOBAL

SUBJECT: PHVIF II NAVARRE BEACH, LLC

Ref. Number: W18000086000

We have received your document for PHVIF II NAVARRE BEACH, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00020059

Karen A Saly Regulatory Specialist II 10 SER ZE MARINE

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PHVIF If Navarre Beach, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unaveilable, enter elternate some adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "LLC," or "LLC.") 3 83-1923280 Georgia (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transported business in Florids, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine constry lability) One Alliance Center One Alliance Center (Mailing Address) (Street Address of Principal Office) 3500 Lenox Road, Suite 625 3500 Lenox Road, Suite 625 Atlanta, GA 30326 Atlanta, GA 30326 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee , Florida 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. (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: Name and Address: Title or Capacity: Peachtree Hotel Value & Income Fund General Partnership II, GP Manager One Alliance Center 3500 Lenox Road, Suite 625 Atlanta, GA 30326 (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 purson

Typed or printed name of signos

Kevin M. Cadin

Control Number: 18111880

STATE OF GEORGIA

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

CERTIFICATE OF EXISTENCE

FILED WILLIAM

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

PHVIF II Navarre Beach, 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 : 16236398
Date Inc/Auth/Filed: 09/17/2018
Jurisdiction : Georgia
Print Date : 09/25/2018

Form Number : 211



Brian P. Kemp Secretary of State