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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 462773 \_ 7604215

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: October 29, 2018

ORDER TIME : 3:31 PM

ORDER NO. : 462773-010

CUSTOMER NO: 7604215

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#### FOREIGN FILINGS

NAME: FH ST. AUGUSTINE 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: Roxanne Turner -- EXT# 62969

EXAMINER:

### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	
SUBJI	T: _FH St. Augustine FL Landlord, LLC	
	Name of Limited Liability Company	
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifice, and check are submitted to register the above referenced foreign limited liability company to transact business in F	ate of lorida
Please	turn all correspondence concerning this matter to the following:	
	Allison McLeod	
	Name of Person	
	SunTrust Equity Funding, LLC	
	Firm/Company	
	3333 Peachtree Road, 10th Floor	
	Address	
	Atlanta, Georgia 30326	
	City/State and Zip Code	
	karen.king@suntrust.com	
	E-mail address: (to be used for future annual report notification)	
For fu	ner information concerning this matter, please call:	
	Karen King at (404 ) 439-7662  Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Encl	ed is a check for the following amount:  \$\Boxed{\text{S} \text{125.00 Filing Fee}} \Boxed{\text{Certificate of Status}} \Boxed{\text{S} \text{155.00 Filing Fee}} \Boxed{\text{S} \text{160.00 Filing Fee}} \Boxed{\text{Certified Copy}}  \text{of Status & Certified Copy}	c

## 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: FH St. Augustine FL Landlord, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3333 Peachtree Road, 10th Floor, MC 3951 Atlanta, Georgia 30326 (Street Address of Principal Office) 3333 Peachtree Road, 10th Floor, MC 3951 Atlanta, Georgia 30326 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Allison McLeod, Manager, 3333 Peachtree Road, 10th Floor, MC 3951, Atlanta, Georgia 30326 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Allison McLeod Typed or printed name of signee

## 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	e of the Limited Liability Company is:	
FH St. Augustine FL Landlord, LLC		
If unavailabl	e, the alternate to be used in the state of Florida is:	57.29
2. The name	e and the Florida street address of the registered agent and office are:	
	Corporation Service Company	·
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee 32301	
	City/State/Zip	
liability com registered as statutes rela	named as registered agent and to accept service of process for the above sepany at the place designated in this certificate, I hereby accept the appointing gent and agree to act in this capacity. I further agree to comply with the proting to the proper and complete performance of my duties, and I am familian bligations of my position as registered agent as provided for in Chapter 60.  Corporation Service Company  By:  (Signature)	nent as ovisions of all r with and 5, Florida <b>Turner</b>

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "FH ST. AUGUSTINE 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-NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FH ST. AUGUSTINE FL LANDLORD, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER,

A.D. 2018.

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

Authentication: 203701083

Date: 10-29-18

### **COVER LETTER**

	ration Section on of Corporations
SUBJECT: Fi	H St. Augustine FL Landlord, LLC
	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return al	l correspondence concerning this matter to the following:
	Allison McLeod
	Name of Person
	SunTrust Equity Funding, LLC
	Firm/Company
	3333 Peachtree Road, 10th Floor
	Address
	Atlanta, Georgia 30326
	City/State and Zip Code
	karen.king@suntrust.com
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Karer	n King 404 , 439-7662
	Name of Person at (404 ) 439-7662  Area Code Daytime Telephone Number
Divisi Regist P.O. E	LING ADDRESS: on of Corporations tration Section Box 6327 Clifton Building assee, FL 32314 Constant of Corporations Registration Section Clifton Building Constant of Corporations Constant of Corporations Registration Section Clifton Building Constant of Corporations Constant of Corporations Registration Section Constant of Corporations Constant of Corporations Registration Section Constant of Corporations Constant of Corporations Registration Section Constant of Corporations Constant of Constant of Corporations Constant of Corporations Constant of Constant o
	a check for the following amount:  25.00 Filing Fee \$\Bigsquare \\$130.00 Filing Fee & \Bigsquare \\$155.00 Filing Fee & \Bigsquare \Bigsquare \\$160.00 Filing Fee, Certificate Copy  Certificate of Status Certified Copy