11/1/2018

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003163273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

er the email address for this business entity to be used annual report mailings. Enter only one email address please. **Enter the email address for this business entity to be used for future

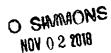
Email Address:____

Foreign Limited Liability Company Greystar Student Living Management Services, LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help



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

IN COMPLIANCE WITH SECTION 605 (002, FLORIDA STATUTES, THE FOLLOWING IS SURRITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDAL L. Greystar Student Living Management Services, LLC

	aine adopted for the paripose of Imposoting business in Pa	oran reac		and confined.		/
Delaware	Jah tomi ve Project Bukilin po t	3	20-1815226	er Tragnificable		-
(Jaradiction nedlet the law of m	rich terrigo l'edical llabélity company ls organizzati		(CII MINE)	rr,) dymicanis	.,	
Upon filing						
	(Dure first transacted brainess in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	rue beuest/	a.) Tability)			
18 Broad Street, Suit	te 300	6.	16 Broad Street, Suite 30 (Minifing Addition	00 :-		
(Street Address of P	· · · · · · · · · · · · · · · · · · ·			(255)		_
Charleston, SC 2940	1		Charleston, SC 29401	<u> </u>	- 3 -	 .
					===	_
• •		** * *		- r	<u> </u>	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)		ſ	
Name:	C.T. Corporation System		•		<u>*</u>	زر
name.					· =	
Office Address:	1200 South Pine Island Road)·-		
·	Plantation		, Florida 33324 (Zip code		c o 1	
	(Cin)		(Zip code	1		
comply with the provision decept the obligations	tion. I hereby accept the appointment a ons of all statutes relative to the proper of mytosition as registered agent. By: CT Corporation System - I	and co	implete performance of iny o	in this cap luties, and	acity. I Jurt I am famili	he p ther iar s
comply with the provisional accept the obligations I The name, title or capa	ons of all statutes relative to the proper of my position as registered age for By: (Registres upon the person(s) who have and address of the person(s) who have the person the	Donna P Ugrature)	eterson-Riggs, Asst. Secretary authority to manage is/arc:	luties, and	I (un famili)	ther iar s
comply with the provision of accept the obligations I The name, title or capa Title or Capacity:	ons of all statutes relative to the proper of mynosition as registered agent. By: Charles and System - I (Registre upon) city and address of the person(s) who have and Address:	Conna P Uguaturet Ugrafuret Ugrafuret Ugrafuret	implete performance of my deletison-Riggs, Asst. Secretary	luties, and	ucity. I furt. I am fumili	ther iar s
comply with the provision descept the obligations I The name, title or capa	ons of all statutes relative to the proper of my position as registered age for By: (Registres upon the person(s) who have and address of the person(s) who have the person the	Donna P Ugraturet as/Itave	eterson-Riggs, Asst. Secretary authority to manage is/arc:	luties, and	I (un famili)	ther iar s
comply with the provision of accept the obligations I The name, title or capa Title or Capacity:	ons of all statutes relative to the proper of mynosition as registered agent. By: Charles and System - I (Registered agent) city and address of the person(s) who has Name and Address: Greystar Management Services LP 18 Broad Street, Suite 300	Donna P Ugraturet as/Itave	eterson-Riggs, Asst. Secretary authority to manage is/arc:	luties, and	I (un famili)	ther iar s
comply with the provision of accept the obligations I The name, title or capa Title or Capacity:	ons of all statutes relative to the proper of mynosition as registered agent. By: Charles and System - I (Registered agent) city and address of the person(s) who has Name and Address: Greystar Management Services LP 18 Broad Street, Suite 300	Donna P Ugraturet as/Itave	eterson-Riggs, Asst. Secretary authority to manage is/arc:	luties, and	I (un famili)	ther iar s
comply with the provisional accept the obligations I . The name, title or capa Title or Capacity:	ons of all statutes relative to the proper of mynosition as registered agent. By: Charleston System - I (Registered agent) city and address of the person(s) who has Name and Address: Greystar Management Services LP 18 Broad Street, Suite 300 Charleston, SC 29401	Donna P Ugraturet as/Itave	eterson-Riggs, Asst. Secretary authority to manage is/arc:	luties, and	I (un famili)	ther iar s
comply with the provisional accept the obligations. The name, title or capa Title or Capacity: Sole Member Jse uttachments if necess Attached is a certificate risdiction under the law of	ons of all statutes relative to the proper of mynosition as registered agent. By: The Corporation System - I (Registered agent) City and address of the person(s) who has Name and Address: Greystar Management Services LP 18 Broad Street, Suite 300 Charleston SC 29401 Bary) of existence, no more than 90 days old, of which it is organized. (1: the certificate	Donna P Ogranuer as/have I	elerson-Riggs, Asst. Secretary authority to manage is/arc: itle or Canucity:	Name n	I am familional Address:	i i i i i i i i i i i i i i i i i i i
The name, title or capa Title or Capacity: Sole Member See uttachments it necess Attached is a certificate is diction under the law of the translator must be su. This document is exect	ons of all statutes relative to the proper of mythosition as registered age fit. By: C.T. Corporation System - I (Register age) city and address of the person(s) who have and Address: Greystar Management Services LP 18 Broad Street, Suite 300 Charleston, SC 29401 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate ibmitted) attendin accordance with section 605.0203	Donna P Ogranuer as/have I duly au e is in a	elerson-Riggs, Asst. Secretary authority to manage is/arc: itle or Canucity: thenticated by the official har foreign language, a translation, Florida Statutes, I am aware	Name n	iy of records	i i i i i
The name, title or capa Title or Capacity: Sole Member Sole Member Attached is a certificate sisdiction under the law of the translator must be sufficiently in the sum of the translator must be sufficiently in a document to free Sole Member.	ons of all statutes relative to the proper of mythosition as registered age for By: On The Corporation System - I (Resigned apply) City and address of the person(s) who has Name and Address: Greystar Management Services LP 18 Broad Street, Suite 300 Charleston, SC 29401 Display the certificate of which it is organized. (It the certificate ibmitted) Ited in accordance with section 605.0203 the Department of State constitutes a this MENT SERVICES, LP	Donna P Ogranuer as/have I duly au e is in a	elerson-Riggs, Asst. Secretary authority to manage is/arc: itle or Canucity: thenticated by the official har foreign language, a translation, Florida Statutes, I am aware	Name n	iy of records	i i i i s in der
The name, title or capa Title or Capacity: Sole Member Sole Member Attached is a certificate risdiction under the law of the translator must be such that document is executed in a document to GREYSTAR MANAGE.	ons of all statutes relative to the proper of mythosition as registered age for By: On The Corporation System - I (Resigned apply) City and address of the person(s) who has Name and Address: Greystar Management Services LP 18 Broad Street, Suite 300 Charleston, SC 29401 Greystar Management of State constitutes a third population of State constitutes a third population as a constitute of State constitutes a third population of State constitutes a third population as a constitute of State constitutes a third population of State constitutes as the constitutes as the population of State constitutes as the population of Sta	Donna P Ogranuer as/have I duly au e is in a	elerson-Riggs, Asst. Secretary authority to manage is/arc: itle or Canucity: thenticated by the official har foreign language, a translation, Florida Statutes, I am aware	Name n	iy of records	i i i i s in der
comply with the provision of accept the obligations. If the name, title or capa Title or Capacity: Sole Member Je uttachments if necess Attached is a certificate risdiction under the law of the translator must be suit. This document is executable to a document to GREYSTAR MANAGE.	ons of all statutes relative to the proper of mythosition as registered age for By: On The Corporation System - I (Resigned apply) City and address of the person(s) who has Name and Address: Greystar Management Services LP 18 Broad Street, Suite 300 Charleston, SC 29401 Display the certificate of which it is organized. (It the certificate ibmitted) Ited in accordance with section 605.0203 the Department of State constitutes a this MENT SERVICES, LP	Donna P Ogranuer as/have I duly au e is in a	elerson-Riggs, Asst. Secretary authority to manage is/arc: itle or Canucity: thenticated by the official har foreign language, a translation, Florida Statutes, I am aware	Name n	iy of records	i i i i s in der



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GREYSTAR STUDENT LIVING MANAGEMENT

SERVICES, 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 FIRST DAY OF

NOVEMBER, A.D. 2018.

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

Authentication: 203728009

Date: 11-01-18