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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/07/2019	
	Marisa Kugelmann	_
Reference #	1033731	_
Entity Name	PHVIF II PL	ANTATION, LLC
	es of Incorporation/Authorization	
Amer	ndment	
☐ Chan	ge of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	lution/Withdrawal	
☐ Fictiti	ous Name	
✓ Other	Certifie	d Copy upon filing
Authorized A	Amount: \$155.00	
Signature: $ abla$	harised	

F: +852.2682.9790

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:

name unavailable, enter alternate ti	ame adopted for the purpose of transacting busin			"Limited Liability Con	apany," "L.L.C.	or "LLC.")
Georgia		3	83-2915062			
(Jurisdiction under the law of wh	ich foreign limited liability company is organiza	<u>ed)</u>		(FEI mamber, if app	licable)	-
			···			
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	if prior to registration to determine penalty	n.) / lighility)			
3500 Lenox Road,		6.	3500 Lenox R		•	28
(Street Address of P Atlanta, GA 30326	rincipal Office)		Atlanta, GA 30	(Mailing Address))326	<u> 7</u>	<u>.</u>
- 111011101				.020		- \frac{7}{2}
				<u> </u>		
Name and street address	ss of Florida registered agent; (P.	O Box NOT	accentable)		,	702
Name and street address			acceptatore)		المركة .	AM II:
Name:	COGENCY GLO	BAL INC.			-1.50 -11:50	
Office Address:	115 North Calhoun S	treet, Suite	e 4			2
	Tallahass	ee	, Florida	32301		
			, rionga _	(7 in code)		
wing been named as re signated in this applica comply with the provisi	gistered agent and to accept serv tion, I hereby accept the appoint lons of all statutes relative to the s of my position as registered age	ment as regist proper and co ent.	ered agent and agi	ree to act in this ce of my duties,	capacity. and I am f	l further ag
signated in this applica. comply with the provist d accept the obligations The name, title or capa	tance: gistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the s of my position as registered age (Registered active and address of the person(s)	ment as regist proper and co ent. dagcm's signature) who has/have	ered agent and aging mplete performan	ree to act in this ce of my duties, st. Secreto e is/arc:	capacity and I am f	l further ag amiliar wit
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aving been named as resignated in this application of the provision of accept the obligations. The name, title or capa Title or Capacity:	tance: gistered agent and to accept services, I hereby accept the appoint tons of all statutes relative to the statutes of my position as registered agencity and address of the person(s) Name and Address: Peachtree Hotel Val 3500 Lenox Road, S	ment as regist proper and co ent. Name of the signature) who has/have T ue & Income	authority to managitle or Capacity:	ree to act in this ce of my duties, st. Secreto e is/arc: Nar	capacity. and I am f	l further ag amiliar wit
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aving been named as resignated in this application of the provision of accept the obligations. The name, title or capa Title or Capacity: Manager Use attachments if necessary attached is a certificate	tance: gistered agent and to accept servicion, I hereby accept the appoint tons of all statutes relative to the start of my position as registered agencity and address of the person(s) Name and Address: Peachtree Hotel Val 3500 Lenox Road, S Atlanta, GA 30326 sary) of existence, no more than 90 day	ment as regist proper and co ent. Sale EVO sale EVO who has/have T ue & Income Suite 625	authority to managitle or Capacity: Fund General Pa	ree to act in this ce of my duties, st. Secreto e is/arc: Name of the secretor of the secre	ne and Ado	in further against the second seconds in the
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Control Number: 18150951

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PHVIF II Plantation, 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 : 16342527 Date Inc/Auth/Filed: 12/21/2018 Jurisdiction : Georgia Print Date : 01/07/2019

Form Number : 211



Robyn A. Crittenden
Secretary of State