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n PRATHE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 578247 8260588

AUTHORIZATION :

COST LIMIT : \$ 128.00

ORDER DATE: January 11, 2019

ORDER TIME : 11:21 AM

ORDER NO. : 578247-005

CUSTOMER NO: 8260588

FOREIGN FILINGS

NAME: PARKWAY PROPERTIES HOUSTON,

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:	Registration Section Division of Corporations
SUBJE	Parkway Properties Houston, LLC
30031	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please 1	turn all correspondence concerning this matter to the following:
	A. Noni Holmes-Kidd
	Name of Person
	Parkway Property Investments
	Firm/Company
	800 N. Magnolia Avenue, Suite 1625
	Address
	Orlando, FL 32803
	City/State and Zip Code
	nklopotek@pky.com
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	A. Noni Holmes-Kidd 407 541-5994
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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 ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limit	ed Liability Company," "L.L.C," or "LLC.")
2. Maryland		3.	
	hich foreign limited liability company is organized)	J(FE	1 number, if applicable)
4			
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration)	
5 800 N. Magnolia Ave		6. 800 N. Magnolia Aver	me Suite 1675
5. 800 N. Magnolia Ave			g Address)
Orlando, FL 32803	. <u></u>	Orlando, FL 32803	
			2016
			A TI
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	73
Name:	Corporation Service Company		The state of the s
Name.		 ,	
Office Address:	1201 Hays Street		6 G
	Tallahassee	, Florida <u>32301</u>	石利
Registered agent's accep	(City)		ip code) [T]:
	ions of all statutes relative to the property is of my position as registered agent. By: Compranion Service Comp	r and complete performance of Rox	my duties, and I am familiar with
and accept the obligation	is of my position as registered agent.	r and complete performance of Rox signature) Rox	my duties, and I am familiar with anne Turner fice President
and accept the obligation	By: Compranon Service Comp	r and complete performance of Rox signature) Rox	my duties, and I am familiar with anne Turner fice President
and accept the obligation 8. The name, title or cap	By: Corrier on Service Comp (Registered agent's acity and address of the person(s) who h	r and complete performance of Rox San Asst V as/have authority to manage is/a	anne Turner lice President
8. The name, title or cap <u>Title or Capacity:</u>	By: Compression as registered agent. (Registered agent's acity and address of the person(s) who hame and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave #1625	Roxing Asst Variation authority to manage is/a Title or Capacity:	my duties, and I am familiar with anne Turner fice President re: Name and Address: Scott Francis 800 N. Magnolia Ave #1625
8. The name, title or cap <u>Title or Capacity:</u>	By: Compression as registered agent. (Registered agent's acity and address of the person(s) who hame and Address: A. Noni Holmes-Kidd	Roxing Asst Variation authority to manage is/a Title or Capacity:	my duties, and I am familiar with anne Turner fice President re: Name and Address: Scott Francis
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8. The name, title or cap Title or Capacity: VP & GC	By: Companion Service Comp (Registered agent's acity and address of the person(s) who h Name and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave #1625 Orlando. FL 32803	Roxing Asst Variation authority to manage is/a Title or Capacity:	my duties, and I am familiar with anne Turner fice President re: Name and Address: Scott Francis 800 N. Magnolia Ave #1625
8. The name, title or cap <u>Title or Capacity:</u>	By: Companion Service Comp (Registered agent's acity and address of the person(s) who h Name and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave #1625 Orlando. FL 32803	Roxing Asst Variation authority to manage is/a Title or Capacity:	my duties, and I am familiar with anne Turner fice President re: Name and Address: Scott Francis 800 N. Magnolia Ave #1625
8. The name, title or cap Title or Capacity: VP & GC (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who h Name and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave #1625 Orlando. FL 32803	and complete performance of Rox Asst. (Signature) as/have authority to manage is/a Title or Capacity: EVP & CFO	Imy duties, and I am familiar with anne Turner lice President re: Name and Address: Scott Francis 800 N. Magnolia Ave #1625 Orlando. FL 32803
8. The name, title or cap Title or Capacity: VP & GC (Use attachments if neces) 4. Attached is a certificate jurisdiction under the law of the translator must be so	acity and address of the person(s) who h Name and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave #1625 Orlando. FL 32803	r and complete performance of Roxans (and Signature) as/have authority to manage is/a Title or Capacity: EVP & CFO duly authenticated by the officiate is in a foreign language, a trans 3 (1) (b). Florida Statutes, I am a	Imy duties, and I am familiar with anne Turner lice President re: Name and Address: Scott Francis 800 N. Magnolia Ave #1625 Orlando. FL 32803 all having custody of records in the aslation of the certificate under oath
8. The name, title or cap Title or Capacity: VP & GC (Use attachments if neces) 4. Attached is a certificate jurisdiction under the law of the translator must be so	Registered agent's acity and address of the person(s) who hame and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave #1625 Orlando. FL 32803 essary) of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted) ented in accordance with section 605.020 to the Department of State constitutes a the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of the section of the department of State constitutes at the section of the department of the section of the department of the section of the department of the section of	r and complete performance of Roxans (and Signature) as/have authority to manage is/a Title or Capacity: EVP & CFO duly authenticated by the officiate is in a foreign language, a trans 3 (1) (b). Florida Statutes, I am a	Imy duties, and I am familiar with anne Turner lice President re: Name and Address: Scott Francis 800 N. Magnolia Ave #1625 Orlando. FL 32803 all having custody of records in the aslation of the certificate under oath
8. The name, title or cap Title or Capacity: VP & GC (Use attachments if neces) 4. Attached is a certificate jurisdiction under the law of the translator must be so	Registered agent's acity and address of the person(s) who hame and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave #1625 Orlando. FL 32803 essary) of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted) ented in accordance with section 605.020 to the Department of State constitutes a the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of State constitutes at the section of the department of the section of the department of State constitutes at the section of the department of the section of the department of the section of the department of the section of	r and complete performance of Roxans (and Signature) as/have authority to manage is/a Title or Capacity: EVP & CFO duly authenticated by the officiate is in a foreign language, a transified degree felony as provided for	Imy duties, and I am familiar with anne Turner lice President re: Name and Address: Scott Francis 800 N. Magnolia Ave #1625 Orlando. FL 32803 all having custody of records in the aslation of the certificate under oath

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT. BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE. AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PARKWAY PROPERTIES HOUSTON, LLC (W19310077). REGISTERED DECEMBER 28, 2018, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 14, 2019.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: q0W1MmZCGUKMjqrNwq3UQ To verify the Authentication Code, visit http://dat.maryland.gov/yerify