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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 578247 8260588

AUTHORIZATION :

COST LIMIT : \$ 125 Nov

ORDER DATE : January 11, 2019

ORDER TIME : 10:04 AM

ORDER NO. : 578247-010

CUSTOMER NO: 8260588

FOREIGN FILINGS

NAME: PARKWAY PROPERTIES GENERAL

PARTNERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

| то: | Registration Section Division of Corporatio | ns | | | | |
|-----------------------|---|--|--|--|---|------------------------------------|
| SUBJE | | General Partners, LLC | | | | |
| | <u> </u> | Name of | Limited Liability | Company | | |
| The encl Existence | losed "Application by Fo e, and check are submitte | reign Limited Liability Comed to register the above refer | npany for Authorizz renced foreign limi | ition to Tr ted liabilit | ansact Business in Florida." y company to transact busir | Certificate of less in Florida. |
| Please re | eturn all correspondence | concerning this matter to the | following: | | | |
| | A. Noni Holm | es-Kidd | | | | |
| | | N | Same of Person | | | |
| | Parkway Prope | erty Investments | | | | |
| | | F | irm/Company | | | |
| | 800 N. Magno | lia Avenue, Suite 1625 | | | | |
| | | | Address | | | |
| | Orlando, FL 32 | 2803 | | | | |
| | | City/S | State and Zip Code | | | |
| | nklopotek@pky | com | | | | |
| | - | E-mail address: (to be use | ed for future annual | report no | tification) | |
| For furth | er information concernir | ig this matter, please call: | | | | |
| | A. Noni Holmes-Kidd | | 407 at (| 541-59 | 94 | |
| | Name (| of Contact Person | Area Code | Day | time Telephone Number | |
| | MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section uilding ccutive Center Circle see, FL 32301 | |
| | l is a check for the follow \$125.00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ig Fee & | ☐ \$160.00 Filing Fee, Co of Status & Certified Cop | |

TO:

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | | name adopte | d for the purpose of transacting business in Fl | orida. The alterna | te name must include "Limited L | iability Company," "L L.C," or "LLC.") | |
|---------------------|---|--|--|--|---|---|---------------|
| 2 | Delaware | | | 3 | · - · · · · · · · · · · · · · · · · · · | | |
| | (Jurisdiction under the law of w | hich foreign | limited liability company is organized) | | (FEI nu | mber, if applicable) | |
| 4. | | | | | | | |
| | | (Date (See | first transacted business in Florida, if prior to sections 605 0904 & 605,0905, F.S. to determ | registration.) ine penalty liabil | ity) | | |
| 5. | 800 N. Magnolia Aver | | | 6. 80 | 0 N. Magnolia Avenue | , Suite 1625 | |
| | (Street Address of | Principal Of | fice) | | (Mailing Ac | kiress) | |
| | Orlando, FL 32803 | | | - Uri | lando, FL 32803 | | |
| | | | | | | | |
| | | | | | | 子们 B | |
| 7. | Name and street address | ss of Flo | rida registered agent: (P.O. Box | NOT acce | ptable) | 552. | |
| | Name: | Corpo | ration Service Company | | | 25 E | T |
| | Office Address: | 1201 F | Hays Street | _ | _ | E AM | |
| | Office Address: | | 11130 011001 | | | [6] (1) (2) | **** |
| | | Tallal | | | , Florida <u>32301</u> | | |
| Кe | gistered agent's accep | stance: | (Cny) | | (Zip co | xde) | |
| | d accept the obligation | ions of a s of my | ill statutes relative to the proper position as registered agent. | is registered and compl | agent and agree to ac ete performance of my | t in this capacity. I further duties, and I am familiar was Roxanne Turner | agree ith |
| | d accept the obligation | ions of a | all statutes relative to the proper position as registered agent. Caporation Sarvice Comp | and compl | agent and agree to ac ete performance of my | duties, and I am familiar w | agree rith |
| | d accept the obligation | ions of a s of my | ill statutes relative to the propei | and compl | agent and agree to actete performance of my | duties, and I am familiar w Roxanne Turner | agree rith |
| an | d accept the obligation. The name, title or capa | ions of a s of my By: | all statutes relative to the proper position as registered agent. Caporation Survice Comp (Registered agent's | and comples ignature) | ority to manage is/are: | Roxanne Turner Asst. Vice President | agree rith |
| an | d accept the obligation | ions of a s of my By: | all statutes relative to the proper position as registered agent. Carporation Survice Comp (Registered agent's | and comples ignature) | ete performance of my | duties, and I am familiar w Roxanne Turner | agree ith |
| an | d accept the obligation. The name, title or capa | ions of a s of my By: | all statutes relative to the proper position as registered agent. Caporation Survice Comp (Registered agent's address of the person(s) who have and Address: A. Noni Holmes-Kidd | any signature) as/have auth Title | ority to manage is/are: | Roxanne Turner Asst. Vice President Name and Address: Scott Francis | eith . |
| an | The name, title or capa | ions of a s of my By: | Ill statutes relative to the proper position as registered agent. Comporation Survice Comp (Registered agent's address of the person(s) who have and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave. #1625 | any signature) as/have auth Title | ority to manage is/are: | Roxanne Turner Asst. Vice President Name and Address: Scott Francis 800 N. Magnolia Avc. # | eith . |
| an | The name, title or capa | ions of a s of my By: | all statutes relative to the proper position as registered agent. Caporation Survice Comp (Registered agent's address of the person(s) who have and Address: A. Noni Holmes-Kidd | any signature) as/have auth Title | ority to manage is/are: | Roxanne Turner Asst. Vice President Name and Address: Scott Francis | eith . |
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| 8. (U | The name, title or capa Title or Capacity: VP & GC Ise attachments if neces Attached is a certificate | sary) | Registered agent. Corporation Stryice Comp (Registered agent's l address of the person(s) who have and Address: A. Noni Holmes-Kidd 800 N. Magnolia Ave. #1625 Orlando, FL 32803 | as/have auth EVP | ority to manage is/are: or Capacity: & CFO | Roxanne Turner Asst. Vice President Name and Address: Scott Francis 800 N. Magnolia Ave. # Orlando. FL 32803 | 1625 |
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARKWAY PROPERTIES GENERAL PARTNERS,

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 FOURTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARKWAY

PROPERTIES GENERAL PARTNERS, LLC" WAS FORMED ON THE THIRD DAY OF

JANUARY, A.D. 1997.

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

at corp.delaware.gov/aut

Authentication: 202072484

Date: 01-14-19