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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

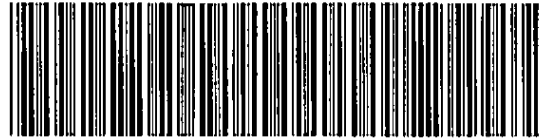
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

D. BRUCE
JUL 06 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Haven Campus Communities - FSU, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bryan Boyles

Name of Person

Haven Campus Communities - FSU, L.L.C.

Firm/Company

3284 Northside Pkwy NW, Suite 500

Address

Atlanta, GA 30327

City/State and Zip Code

bboyles@havencampuscommunities.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Boyles

at (770) 818-4127

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

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DIVISION OF CORPORATIONS

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:

1. Haven Campus Communities - FSU, L.L.C.
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 83-1402927
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 31, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

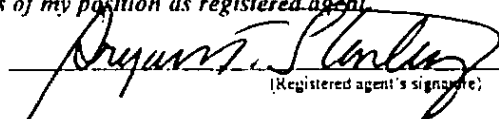
5. <u>3284 Northside Pkwy NW</u> (Street Address of Principal Office)	6. <u>3284 Northside Pkwy NW</u> (Mailing Address)
<u>Suite 500</u>	<u>Suite 500</u>
<u>Atlanta, GA 30327</u>	<u>Atlanta, GA 30327</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bryan J. Stanley, Esq
Office Address: 209 Turner St
Clearwater, Florida 33756
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

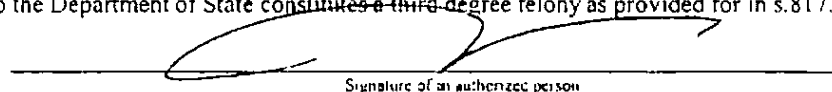
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>John A Williams, Jr.</u> <u>3284 Northside Pkwy NW Ste 500</u> <u>Atlanta, GA 30327</u>		
<u>Owner</u>	<u>Stephen H Whisenant</u> <u>3284 Northside Pkwy NW Ste 500</u> <u>Atlanta, GA 30327</u>		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.


Signature of an authorized person

John A Williams, Jr.

Typed or printed name of signer

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JUN 21 AM 11:45
CLERK OF THE COURT
JANET L. BROWN
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAVEN CAMPUS COMMUNITIES - FSU, L.L.C." 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 THIRTIETH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAVEN CAMPUS COMMUNITIES - FSU, L.L.C." WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2018.

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



6987907 8300

SR# 20194943974

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202927883

Date: 05-30-19