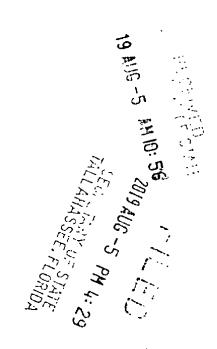
NICOS ECO

(Requestor's Name)	
(Address)	<u>.</u>
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Danuari N. Jaka)	
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	

Office Use Only



100332759661



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 870228 4304847

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : August 2, 2019

ORDER TIME : 9:10 AM

ORDER NO. : 870228-010

CUSTOMER NO: 4304847

FOREIGN FILINGS

NAME: ACKERMAN LAKELAND OWNER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

TO:		ration Section n of Corporations					
SUBJE		kerman Lakeland O	wner LLC				
			Name o	of Limited Liability	Company		
			n Limited Liability Co o register the above ref				
Please r	eturn all	correspondence con-	cerning this matter to the	he following:		. ~	
		Evan Ziegler				TALLAMASS	_t
				Name of Person		10 G	5
		Ackerman & Co.				- 11	S I
				Firm/Company		-n,	K C
		10 Glenlake Parkw	ay, South Tower, Suit	e 100		SHA	կ։ 29
				Address		F	
		Atlanta, Georgia 3	0328				
			City	State and Zip Code			
		eziegler@ackermane	co.net				
		E	mail address: (to be us	sed for future annua	report notification)	·	
For furth	er inform	nation concerning th	is matter, please call:				
	Evan Zi	egler		770 at (913-3927		
		Name of Co	ontact Person	Area Code	Daytime Telepl	hone Number	
	Division Registra P.O. Box	of Corporations tion Section & 6327 see, FL 32314			STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle	
	Please m		ollowing amount: o: FLORIDA DEPAR \$130.00 Filing Fee Certificate of Si	& 🔲 \$155.00	Filing Fee & 🔳	\$160.00 Filing Fe of Status & Certif	

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ackerman Lakeland								
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabilii	y Company," "L L C.," or "LLC.")					
(If same unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	orida The r	Ilternate name must include "Limited Liability	Company," "L	L C," or "	LLC.")		
Delaware 2		84-2479087 3. (FEI number, if applicable)						
(Jurisdiction under the law of w	luch foreign limited liability company is organized)		(FEI number, if	applicable)				
N/A 4								
	(Date first transacted business in Flonda, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty	ı) hability)	- IAI	20			
10 Glenlake Parkwa		6.	10 Glenlake Parkway	LLAI A	2019 AUS			
(Street Address of I	Principal Office)	0.	(Mailing Address)	(A)	<u> </u>			
South Tower, Suite 1	1000		South Tower, Suite 1000		<u>ب</u>			
Atlanta, Georgia 303	28		Atlanta, Georgia 30328	FLOR	:	—[:		
7. Name and street address	is of Florida registered agent: (P.O. Box	NOT a	ecceptable)	Drr. A	9			
Name:	Corporation Service Company							
Office Address:	1201 Hays Street							
	Tallahassee		32301 , Florida					
	(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.

Corporation Service Company

By:

(Registered agent's signature)

Roxanne Turner

Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Ackernan Lakeland JV LLC Name: _____ Manager Manager Manager Address: ____ Member Member Address: South Tower, Suite 1000 Authorized Authorized Atlanta, Georgia 30328 Person Person Sole Member Other____ Other Other_____ Manager Name: Manager Name: ____ Member Address: ☐ Member Address: Authorized Authorized Person Person Other___ Other_ Other Manager Name: ___ Manager Name: _ Member Address: Member Address: Authorized Authorized Person Person Other Other___ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. ignature of an authorized person Thomas L. Carlton

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "ACKERMAN LAKELAND OWNER 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 SECOND DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACKERMAN LAKELAND OWNER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2019.

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

19 AUG -5 PM 4: 29

Jeffrey W. Bullock, Secretary of State

Authentication: 203341459

Date: 08-02-19

7525817 8300 SR# 20196317193