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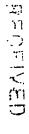
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TALLAHASSEE. FLORIDA





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 073628 7604215

AUTHORIZATION : Smell Blens

COST LIMIT : \$\sqrt{128.00}

ORDER DATE: December 3, 2019

ORDER TIME : 10:14 AM

ORDER NO. : 073628-010

CUSTOMER NO: 7604215

FOREIGN FILINGS

NAME: GLF FORT MYERS FL LANDLORD,

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: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:		ration Section on of Corporations			
SUBJ	ECT: Gl	SLF Fort Myers FL Landlord, LLC			
		Name of Limited Liability Company			
The er Existe	iclosed "A nce, and c	Application by Foreign Limited Liability Company for Authorization to Transact Business in Flori- check are submitted to register the above referenced foreign limited liability company to transact b	da," Certifi usiness in F	cate of Florida	
Please	return all	Il correspondence concerning this matter to the following:			
		Allison McLeod			
		Name of Person	- ~		
		پر 		,	
		SunTrust Equity Funding, LLC			
		Firm/Company			
		ĭ	;;;;;;;;;;; ;;;;;;;;;;;;;;;;;;;;;;;;;		
		3333 Peachtree Road, 10th Floor		į (†	
		Address	2019 DEC -4 PM 4: 30		
			RATE OF	<u>n</u>	
			<u> </u>	,	
		City/State and Zip Code			
		karen.king@suntrust.com			
		E-mail address: (to be used for future annual report notification)			
For fu	rther info	ormation concerning this matter, please call:			
Karen King 404 439-7662		n King 404 439-7662			
		Name of Person Area Code Daytime Telephone Number			
	Divisio Registi P.O. B	LING ADDRESS: on of Corporations tration Section Box 6327 classee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Encl		a check for the following amount: 25.00 Filing Fee \$\Bigcup \$130.00 Filing Fee &\Bigcup \$155.00 Filing Fee &\Bigcup \$160.00 Filing Fee Certificate of Status & Certified Copy of Status & Certified Copy		te	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Same to the same

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:

GLF Fort Myers FL Landlord, LLC	
(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 a consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C." "LLC.")	and attach a copy of the written include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately	
(Jurisdiction under the law of which foreign limited liability (FEI number, if approximately)	1019 DEC -4 SECRE JARY
4. <u>N/A</u>	至
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	ARY ASSE
3333 Peachtree Road, 10th Floor, MC 3951	E 9 7
Atlanta, Georgia 30326	PH 4: 5
(Street Address of Principal Office)	Doni O
6. 3333 Peachtree Road, 10th Floor, MC 3951	
Atlanta, Georgia 30326	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	o manage is/are:
Allison McLeod, Manager, 3333 Peachtree Road, 10th Floor, MC 3951, Atlanta, Georgia 30	0326
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offi in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under oath of the translator must be submitted.)	
Signature of an authorized person	
(In accordance with section 605,0203, F.S., the execution of this document constitutes an affir penalties of perjury that the facts stated herein are true. I am aware that any false informat document to the Department of State constitutes a third degree felony as provided fo Allison McLeod	ion submitted in a
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

e of the Limited Liability Company is:		
yers FL Landlord, LLC		
ole, the alternate to be used in the state of Florida is:	2019 SE TAL	
ne and the Florida street address of the registered agent and office are:	DEC -4 DRE TARY AHASSE	TI
Corporation Service Company		[]]
(Name)	LSTAI STAI	\cup
1201 Hays Street	DA DA	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee FL 32301 City/State/Zip	_	
	che, the alternate to be used in the state of Florida is: the and the Florida street address of the registered agent and office are: Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301	Pers FL Landlord, LLC Sile, the alternate to be used in the state of Florida is: TALE RECTARY OF STATE Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee 32301

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company By:	o Dune	Roxanne Turner Asst. Vice President
(Signa	ture)	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GLF FORT MYERS FL LANDLORD, 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 FOURTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLF FORT MYERS

FL LANDLORD, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBERS: A. 20.

2019.

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

Authentication: 204129212

Date: 12-04-19