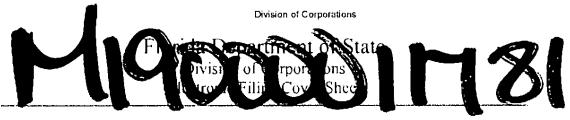
12/11/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

*Enter the email address for this business entity to be used for future

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annual report mailings. Enter only one email address please.**

Foreign Limited Liability Company Hunters Crossing Place Propeo, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Hunters Crossing Place Propco, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") If name initiatable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name most include "Limited Liability Company," "LL C." or "LLC.") Delaware (Jurisdiction under the law of which foreign linuted liability company is organized) (Date first transacted bisiness in Florida, if prior to registration.) (See sections 663 (994-8: 603-0905, F.S. to determine penalty liability.) 1751 Pinnacle Drive, 5th Floor 1751 Pinnacle Drive, 5th Floor (Street Address of Principal Office) (Mailing Address) Tysons Corner, VA 22102 Tysons Corner, VA 22102 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (Caty) 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. Thereby 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

Cardie Pyrakew

and accept the obligations of my position as registered agent.

By:

C.T. Corporation System

(Registered agent's signature)

litle or Capacity:	Name and Address:	Title or Capacity	<u>22</u>	Name and Ac	idress:
Manager	Name. WOJV-JDP Property Venture, LLC	Manager	Name.		
X Member	Address. 1751 Pinnacle Drive, 5th Floor	Member	Address		
Authorized	Tysons Corner, VA 22102	☐ Authorized			
Person		Person			
Crther	Other	Other	<u>-</u>	Other	
	Name:	Manager	Name:		
Member	Address	Member	Address:		
Authorized		Authorized		a of the sections	
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					30
Manager	Name:	Manager	Name:		
Member	Addreso:	Member	Address:	·	
Authorized		☐ Authorized			င္မာ

important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Other____

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)

Person

[]Other]

Other__

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 \$ 817-155, F.S.

Jeffrey Erhardt, Chief Executive Officer, WOJV-JDP Property Venture, LLC

Expect or printed rame of approx

Person



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HUNTERS CROSSING PLACE PROPCO, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2019.

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

2019 CCC | 1 | FCC 3: CC



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