RI SOS Filing Number: 201991137430 Date: 4/25/2019 12:49:00 PM

(8)	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
• •	cation for Registration GN Limited Liability Company
→ Fili	ng Fee. \$150.00

Pursuant to the provisions of RiGL  $\underline{7}$   $\underline{16.49}$  the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that

burpose submits the following statement		,
The name of the limited liability company is		
HIT Portfolio I Owner, LLC		
(s this company organized in its state or coun	try of formation as a low-profit limited i	ability company? Yes Nu IV
The name, if different, under which it propose	s to register and transact pusiness in	Rhode Island is
2. The LLC is organized under the laws of	Delaware	
3. The date of its organization is: July	23, 2014	
And the period of its duration is: CHECK ON	E BOX ONLY	• <b></b> •
Perpetual (on-going)		
Date certain for dissolution	<u></u>	
4. The name and address of the resident age	inVoffice in Rhode Island is	
Agent Name Corporation Service Compan	у	
Street Address (NOT a P.O. Box) 222 Jeffers	son Boulevard, Suite 200	
City/Town Warwick	State RHODE ISLA	ND Zip Code 02888
5. The purpose or purposes which it propose	is to pursue in the transaction of busin	ess in Rhode Island are
Real Estate Investments		
1	Othe	eck the box to indicate an attachment (

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence: Fchade Island 02507-2615

Phone: (401) 222-3040 Website: www.sos ri gov

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		bully compound for service of process if A'
any time, there is no resident agent or i diligence.	the resident agent cannot be found of	pullty company for service of process if lat or served following the exercise of reasonable
7. The address of the office required to if not so required, of the principal office	be maintained in the state of country of the foreign limited liability company	of its organization by the laws of that state or, y is
3950 University Drive, Suite 301, Fai	fax, VA 22030	
8. The mailing address for the limited li	ability company is	
3950 University Drive, Suite 301, Fai	rfax, VA 22030	
9. Management of the Limited Liability	Company	
The Limited Liability Company is to be	managed by: CHECK ONLY ONE BO	x
By its members (If you have check	ked this box, go to Section 9 (DO NO	T fill out the chart below )
By one (1) or more managers (Us	I managers below)	
MANAGER	ADDRESS	
		· <del></del>
10. This application must be accompa	date of filing.	
11. Date when this application for Cer	ficate of Registration will be effective	CHECK ONE BOX ONLY
Date received (Upon filing)		
	e no more than 90 days from the date	
Under penalty of parjury, I declare an accompanying attachments, and that	f affirm that I have examined this App all statements contained herein are t	ilication for Registration, including any me and correct
Type or Print Name of LLC		Date
Jonathan P. Mehlman		April <u>24</u> , 2019
Signature of Authorized Person		
	0	



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

DELAWARE, DO HEREBY CERTIFY "HIT PORTFOLIO I 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2019.

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

2019 APR 25 PH 12: 49

Authentication: 202703857

Date: 04-24-19

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 25, 2019 12:49 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

