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Division of Corporations

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Account Number : T200000000395
Phone : (850)521-1000
Fax Number : (850)558-1515

the General Partner

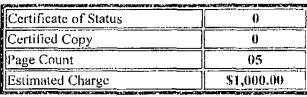
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MANIES

### FLORIDA/FOREIGN LP/LLLP 184 SUNSET, LP



C. LEWIS

MAY 3 2010

**EXAMINER** 

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4/30/2010 3:14:03 PM PAGE 2/005 Fax Senver)

2010 APR 30 AM II: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. 184 SUNSET, LP	
Acceptable Limited Partnership suffixes: Limited	ability Limited Partnership, which must include suffix) of Partnership, Limited, L.P., L.P., or Ltd. o suffixes: Limited Liability Limited Partnership, L.L.L.P.
	imited partnership or limited liability limited partnership less in Florida; must contain acceptable suffix.)
2. DELAWARE	3. 04/23/10
(State or Country of Formation)	(Date of Formation)
4. Corporation Service Company	
	1 Agent for Service of Process)
5,1201 Hays Street	
(Florida street ad	dress for Registered Agent)
Tallahassee, FL 32301	
comply with the provisions of all statutes relative and I am familiar with an accept the obligations	
Corporation Se	wice Company Matthew Young
—	of Registered Agent
7. 1101 W. Lake Street,	
(r-rincip	pal office address)
·	
<ol><li>If limited partnership is a limited liabil</li></ol>	ility limited partnership, check box

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2010 APR 30 AM II: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

9 1101 W. Lake Street, 1st Floor, Chicago, IL. 60607 (Mailing address)  10. Name, principal office address, and mailing address of each general partner:		
(Name) M1000001957	Chicago, IL (Street Address)	
	(Mailing Address)	
(Nanc)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Malling Address)	
(Namc)	(Street Address)	
	(Mailing Address)	

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# 2010 APR 30 AM H: 88

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of	filing:
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date this document is state.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of y of the entity's records in the jurisdiction under the
Signed this 29TH day of	of APRIL ,20 10
Signature of a general partner: * 18  BY: Sout Pro  NAME: R: Sout Crosse  ITE: MANAGER	S4 SUNSET, LIKE
Filing Fees; Certified Copy (optional); Certificate of Status (optional);	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "184 SUNSET, LP" 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-NINTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "184 SUNSET, LP" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4815829 8300

100442834

TCATION: 7963514 DATE: 04-29-10

AUTHENT

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