Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000105832 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195

Phone : (850)521-1000

Fax Number

: (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Address:			
EMGTT	AUGILESS.			



### Foreign Limited Liability Company 184 SUNSET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	()4
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

MAY - 3 2010

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 184 SUNSET, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L,L,C,," "LLC,") 2 DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. PERPETUAL 4, 04/23/10 (Date of Organization) (Duration: Year limited liability company 6. UPON QUALIFICATION (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1101 W. Lake Street 1st Floor, Chicago, IL 60607 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Benjie Burford, 1101 W. Lake Street 1st Floor, Chicago, IL 60607 Scott Prosser, 1101 W. Lake Street 1st Floor, Chicago, JL 60607 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ACT AS GP TO AN LP Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the ponalties of perjury that the facts stated herein are true.)

R. Scott Prosser . MANAGER
Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	e of the Limited Liability Com	ipany is:				
184 SUNS	SET, LLC					
If name una	vailable, the alternate name to	be used in the state of Florida is:				
2. The nam	e and the Florida street address	s of the registered agent and office are:	TO APR			
	Corporation Service C	Company	30 ASS			
	(Name)					
	1201 Hays Street		AM 11: 12 OF STATE E. FLORNO			
	Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	電子 7			
	Tallahassee	<sub>FL</sub> 32301				
		City/State/Zip				
liability com agent and ag relating to the obligations of	nany at the place designated in ree to act in this capacity. I fut e proper and complete perform	I to accept service of process for the above this certificate, I hereby accept the appoint the agree to comply with the provisions of the agree of my duties, and I am familiar with a nt as provided for in Chapter 608. Florida Matthew Young  Asst. V. Pres	tment as registered fall statutes and accept the			
	(Signature)	12				
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)				

# Delaware

## The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "184 SUNSET, LLC" 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.

4815655 8300

(CATION: 7963515

DATE: 04-29-10