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To:

Division of Corporations

Fax Number

: (B50)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

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Foreign Limited Liability Company INDCOR MANAGEMENT - BRAZOS GP, L.L.C.

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C. LEWIS JUL 1 2 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJE	CT: IndCor Man	agement - Brazos (
		Na	me of Limited Liability Company		
The end Existent	losed "Application lose, and check are su	by Foreign Limited Lia binitted to register the s	bility Company for Authorization to Transact Business in Florida," Certificate o above referenced foreign limited liability company to transact business in Florida		
Please r	eturn all correspond	ence concorning this m	atter to the following:		
	c/o Caro	l Albor_			
	Manage 1, 100 miles		Name of Person		
	Equity C	ffice			
Firm/Company					
2 N. Riverside Plaza, Suite 2100					
			Address		
	Chicago,	IL 60606			
			City/State and Zip Code		
carol_albor@equityoffice.com					
		E-mail address:	to be used for future annual report notification)		
For furt	her information con	coming this matter, plea	ase call:		
	Carol Albor		at (312) 466-3590 Area Code & Daytime Telephone Number		
	þ	lame of Person	Area Code & Dzytime Telephone Number		
	MAILING ADDR Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	ations n	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
		the following amou \$130.00 Filing F Certificate of Sta	int: ce &\$155.00 Filing Fee &\$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IndCor Management - Brazos GP, L.L.	L.C. pany; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
(Name of Foreign Limited Liability Comp	pany; must menuae Limited Liability Company," "L.L.C., "or "LLC.")	
	ed for the purpose of transacting business in Florida and attach a copy of the adopting the alternate name. The alternate name must include "Limited Liab	
2. Delaware	3. 45-2481502	
(Jurisdiction under the law of which foreign life company is organized)	mited liability (FEI number, if applicable)	
4 05-23-11	5 perpetual	
(Dute of Organization)	(Duration: Year limited liability company will sease to exist or "perpetual")	-
6.		
(Date first fransacted (See sections 608.501	d business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)	~2
7, c/o Carol Albor, 2 N. Riverside Plaza,	, Suite 2100, Chicago, IL 60606	=
	PZ In	
((Street Address of Principal Office)	-
8. If limited liability company is a manage	Mc	ζ ⊃ >−
o. If finited naturity company is a manie	T.	
9. The name and usual business addresse	es of the managing members or managers are as follows:	
Brazos Property Trust	0	
2 N. Riverside Plaza, Suite 2100		_
Chicago, IL 60606		
	no more than 90 days old, duly authenticated by the official having custody of a ed. (A photocopy is not acceptable. If the certificate is in a foreign language, a ator must be submitted.)	
11. Nature of business or purposes to be	conducted or promoted in Florida: general partner of	
partnership registered in Florida.		_,
	Parol allow	
	nber or an authorized representative of a member.	
penalties of perjury that the facts sta	(3). F.S., the execution of this document constitutes an affirmation under the ated herein are true. I am aware that any faise information submitted in a State constitutes a third degree felony as provided for in s.817.155, F.S.) at Secretary of indCor Mariagement - Brazos GF, L.L.C.	
its general partner		

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, PLORIDA 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 name of the Li	mited Liability C	ompany is:		
IndCor Management -	Brazos GP, L.L.	.C.	· · · · · · · · · · · · · · · · · · ·	
If unavailable, the alte	rnate to be used i	in the state of Florida is:		
2. The name and the F	lorida street add	ress of the registered agent and office ar	c :	
CT Co	rporation System	(Name)	SECRET TALLAH	-T :
1200 S		Road, c/o CT Corporation System t Address (P.O. Box NOT ACCEPTABLE)	ASSE	
Plants	ition	FL 33324 City/State/Zip	OF STATI	章 ゴ 子
			DE A	

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 608, Florida Statutes.

CT Corporation System

y: Assistant Secretary
Kade Markowski

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INDCOR MANAGEMENT - BRAZOS GP, L.L.C." 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 SEVENTH DAY OF JULY, A.D. 2011.

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

4986277 8300

110800319

DATE: 07-07-11

AUTHENTICATION: 8887479

You may verify this certificate online at corp.delaware.gov/authver.ahtml