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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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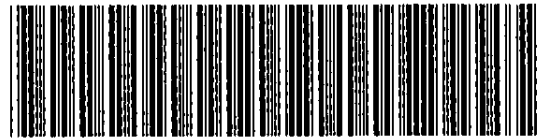
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/08/13--01037--020 \*\*125.00

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TREASURY DEPT  
OFFICE OF CORPORATION  
2013 DEC -9 PM 2:51  
TO FILING  
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2013 DEC -9 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 10 2013  
T CLINE

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

CW Pharmacy III, L.L.C.

<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Foreign		
	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
Qualification		
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<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	
		<input type="checkbox"/> CUS
	<input type="checkbox"/> Photocopies	
<input checked="" type="checkbox"/> Walk In		<input type="checkbox"/> After 4:30
<input type="checkbox"/> Mail Out	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
Name		
Availability	12/9/2013	Order#:
Document		8981023
Examiner	KM	Ref#:
Updater		
Verifier		
W.P. Verifier		Amount: \$

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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## COVER LETTER

COPY

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CW Pharmacy III, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kathi Newell, Paralegal

Name of Person

The Inland Real Estate Group, Inc.

Firm/Company

2901 Butterfield Road

Address

Oak Brook, Illinois 60523

City/State and Zip Code

newell@inlandgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathi Newell

630

218-8000 ext. 4750

at ( )

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. CW Pharmacy III, L.L.C.  
(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 3. 37-1742390  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 26, 2013 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon filing.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2901 Butterfield Road  
Oak Brook, Illinois 60523  
(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:

Inland Private Capital Corporation, a Delaware corporation, its sole member

2901 Butterfield Road

Oak Brook, Illinois 60523

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: Real estate activities.

CW Pharmacy III, L.L.C., a Delaware limited liability company

By: Inland Private Capital Corporation, a Delaware corporation, its sole member

By: Joseph E. Binder, Senior Vice President

Date: December 6, 2013

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 s.817.155, F.S.)

**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 name of the Limited Liability Company is:

CW Pharmacy III, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System		
_____ (Name)		
1200 South Pine Island Road		
_____ Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation	FL	33324
_____ City/State/Zip		

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TALLAHASSEE, FLORIDA

*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.*

C T Corporation System		<b>Connie Bryan</b> Assistant Secretary
By: <u>Connie Bryan</u>	(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

PAGE 1

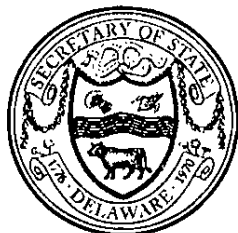
## *The First State*

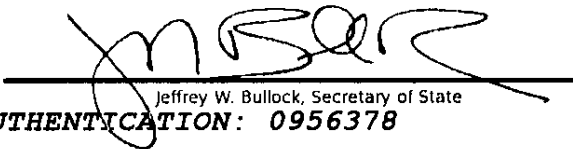
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CW PHARMACY III, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2013.

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

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0956378

DATE: 12-06-13