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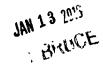
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Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

| TO: | | ition Section of Corporation | 115 | | | | | | |
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| end in | | G Atlas Welleby | , L.L.C. | | | | | | |
| SUBJE | .С.I: <u></u> | | Name of | Limited Liability | Company | | | | |
| The end Existen | closed "Ap | pplication by For eek are submitte | eign Limited Liability Com d to register the above refer | pany for Authorizz enced foreign fimi | ation to Tra- ited liability | nsact Business in f company to transa | lorida," : uct busine | Certifica ess in Flo | ite of orida |
| Please i | return all c | correspondence o | concerning this matter to the | following: | | | | | |
| | | Tara Anderson | | | - | | | | |
| | | <u></u> | N | aine of Person | | | | | |
| | | Neal Gerber & | Eisenberg LLP | | | | | | |
| | | | J' | irn/Company | | | | | |
| | | 2 N. LaSuile St | rcet, Ste 1700 | | | | | | |
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| | t | anderson@ngel: | w.com | | | | | | |
| | | | E-mail address: (to be use | d for future annual | l report noti | fication) | *************************************** | | |
| For furt | her inform | ation concerning | g this matter, please call: | | | | g1 | | |
| | Tara Anderson | | 312 at (| 269-846) | 54 | | 2816 | # SE 7** | |
| • | | Name o | l'Contact Person | Area Code | Dayt | lme Telephone Nu | mbor 1 | JAN. | er gerget er ger |
| | Division | of Corporations | | | Division of | ADDRESS: of Corporations | 13.55 23.55 | 2 | 1 1 |
| | Registration Section P.O. Box 6327 | | • | Clifton Bu | | 11 (h) | \triangleright | E. | |
| | Tallahas | see, FL 32314 | | | | cutive Center Circles, FL 32301 | | <u>0</u> | |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED MABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| COMPANY TO TIMNSACT BL | SINESS INTHE STATE OF FLORIDA: | | |
|--|---|--|--|
| 1. SCG Atlas Welleby, L. | L.C. | | |
| (Name of Fore | ign Limited Liability Company; must include "Lin | olted Liability Company," "L.L.C.," | or "LLC.") |
| (If name unavailable, enter al Liability Company," "L.L.C." | ternate name adopted for the purpose of transacting | 3 business in Florida. The alternate of | ame must include "Limited |
| 2. Delaware | 3. | | |
| (Jurisdiction under the law company is organized) | of which foreign limited hubility | (FEI number, if applicab | le) |
| 4. upon qualification | (Date first transacted business in Florida.) | I prior to registration.) | |
| | (Date first transacted business in Florida, i (See sections 605,0904 & 605,0905, F.S. to | determine penalty liability) | |
| 5. Two North Riverside F | Plaza, Suite 400 | | , |
| Chicago, IL 60606 | | | F 0 3 |
| | (Street Address of Principal Offic | e) | |
| 6. Two North Riverside P | laza, Suite 400 | | |
| Chicago, IL 60606 | 53 5 | | |
| | (Mailing ∧ddress) | <u> </u> | — print 111 |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box NO | l'acceptable) | D C |
| Name: | C T Corporation System | | |
| Office Address: | 1200 South Pine Island Road | * | |
| Office Address: | Plantation | 33324 | |
| | (City) | , Florida(Zip code) | |
| Registered agent's accept | tance: | e e e e e e e e e e e e e e e e e e e | - Little |
| designated in this applicat | gistered agent and to accept service of proce- tion, I hereby accept the appointment as regi | stered agent and agree to act in | this capacity. I further agree |
| to complywith the provision | ons of all statutes relative to the proper and c | complete performance of my dut | ies, and I am familiar with an |
| | ny position as registered agent. C T Corporation System () | May James M. Assistant Se | Halpin |
| | By: (Registered agents s | Pusture) Assistant Se | <u>cre</u> tary |
| | | , | |
| • | city and address of the person(s) who has/hav | e authority to manage is/are: | |
| ERP Operating Limited Pa | armership, Member | | |
| Two North Riverside Plaz | a, Suite 400 | | Add Martin Commencer |
| Chicago, IL 60606 | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be so | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is instituted) | authenticated by the official having a foreign language, a translation | ng custody of records in the of the certificate under oath |
| | Carola Ma | V. | |
| | Carol Mon Signature of an authorize | ed person | |
| This document is executed submitted in a document to | in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de | Florida Statutes, I am aware that agree felony as provided for in s.8 | any false information 17.155, F.S. |
| | Caroline Hammond, Authorized Signatory of | | |
| | Typed or printed name of ERP Operating Limited Partnership | | |

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCG ATLAS WELLEBY, 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 TWELFTH DAY OF JANUARY, A.D. 2016.

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

5915016 8300 SR# 20160168650

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

Authentication: 201656619

Date: 01-12-16