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| (Re | equestor's Name) | | | | | |
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| (Ad | dress) | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nar | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



600290987576

2016 OCT 18 AM 8: 45

K. SALY OCT 1 9 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 332962, 4719707

AUTHORIZATION !

COST LIMIT : \$ 125.00

·

ORDER DATE: October 17, 2016

ORDER TIME : 9:44 AM

ORDER NO. : 332962-005

CUSTOMER NO: 4719707

FOREIGN FILINGS

NAME: 5885 CORNELIUS PASS REALTY CO.

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

| TO: | | ation Section n of Corporatio | ons | | , | | | |
|---------|---------------------------------|--|--|------------------------------------|--|---|----------|--|
| SUBJI | 58 ECT: | 85 CORNELIL | IS PASS REALTY CO, LL | .c | | | | |
| | | | Name of | Limited Liability | Company | | | |
| | | | oreign Limited Liability Com ed to register the above refer | | | | | |
| Please | return all | correspondence | concerning this matter to the | following: | | | | |
| | | Nora Jackso | n | | | | | |
| | | | Ŋ | laine of Person | | | | |
| | | Polsinelli PC | | | | | | |
| | Pirm/Company | | | | | | | |
| | | 900 W 48th F | Place, Suite 900 | | | | | |
| | | | | Address | | | | |
| | Kansas City, MO 64112 | | | | | | | |
| | | | City/S | State and Zip Code | · · · · · · · · · · · · · · · · · · · | | | |
| | | njackson@pol | sinetli.com | | | • | | |
| | | | E-mail address: (to be use | d for future annual | report no | tification) | | |
| For fur | ther inform | nation concerni | ng this matter, please call: | | | | | |
| | Nora J | ackson | | 816 at (| 360-4 | 154 | | |
| | 4 | Name | of Contact Person | Area Code | Day | rtime Telephone Number | State of | |
| | Division Registra P.O. Bo | NG ADDRESS to of Corporation tion Section x 6327 see, FL 32314 | | | Division Registrat Clifton B 2661 Exc | r ADDRESS: of Corporations ion Section suilding centive Center Circle see, FL 32301 | • | |
| Enclose | | ck for the follov 00 Filing Fee | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | g l ⁷ ce & | ☐ \$160.00 Filing Fee, Con of Status & Certified Copy | | |

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

| | | | lability Company," "L.L.C.," or " | |
|--|---|--|--|---|
| (If name unavailable, enter al Liability Company," "L.L.C, | ternate name adopted for the " or "LLC.") | purpose of transacting busine | ess in Florida. The alternate name | must include "Limited |
| 2. Delaware | | 3, 11-366084 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liab | ility | (PUI number, if applicable) | |
| 4. October 7, 2016 | | | | |
| | (Date first transacter (See sections 605,0904 | d business in Florida, if prior it & 605.0905, P.S. to determine | to registration.) ne penalty liability) | Page 1 |
| 5. 1 N. Franklin, Suite 2 | | · | · · · · · · · · · · · · · · · · · · · | 60 |
| Chicago, IL 60606 | | | • | 2016 OCT 18 |
| Omozgo, 12 00000 | (Street Adde | ress of Principal Office) | | |
| 6. 1 N. Franklin, Suite 2 | | | | 一三元 |
| Chicago, IL 60608 | | | | The second |
| | (M | Mailing Address) | | |
| 7. Name and street addres | s of Plorida registered ago | ent: (P.O. Box <u>NOT</u> sccep | otable) | |
| Name: | Corporation Service Con | | • | |
| • | 1201 Hays Street | | _ | |
| Office Address: | | | | • |
| | Tallahassec | 711.3 | , Florida 32301 (Zip code) | |
| Registered agent's accep | tance: | Cliy) | . , , | |
| Having been named as re | gistered agent and to acco | ept service of process for to | he above stated limited liabili agent and agree to act in this | ly company at the place canacity. I further norse |
| to complywith the provisi | ons of all statutes relative | to the proper and complet | te performance of my duties, | and I am familiar with an |
| accept the obligations of a | ny position as registered a Corporation Service Co | ageni. ompany | | |
| | Bu Valle Cakel | air, asse Secre | tary | |
| | C. LEGISTA VICE | (Registered agent, a signature | ;} | |
| | Die Charles | | | |
| 8. The name, title or capa | icity and address of the per | rson(s) who has/have autho | ority to manage is/are: | |
| 8. The name, title or capa | icity and address of the per | rson(s) who has/have autho | ority to manage is/are: | |
| 8. The name, title or capa Colson Associates, Inc. | icity and address of the per , Manager . | rson(s) who has/have autho | ority to manage is/are: | |
| 8. The name, title or capa Colson Associates, Inc. 1 N. Franklin, Suite 240 | icity and address of the per , Manager . | rson(s) who has/have autho | ority to manage is/are: | |
| 8. The name, title or caps Colson Associates, Inc. 1 N. Franklin, Suite 240 Chicago, IL 60606 9. Attached is a certificate urisdiction under the law | ncity and address of the per , Manager 10 of existence, no more than of which it is organized. (I | n 90 days old, duly authent | crity to manage is/are: | |
| 8. The name, title or capa Colson Associates, Inc. 1 N. Franklin, Suite 240 Chicago, IL 60606 | of existence, no more than of which it is organized. (I abmitted) | n 90 days old, duly authent | icated by the official having cr ign language, a translation of t | |

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "5885 CORNELIUS PASS REALTY CO. 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5885 CORNELIUS PASS REALTY CO. LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





3582648 8300 SR# 20166233614 Authentication: 203171274

Date: 10-17-16