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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

: (850)878-5368

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number

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

Email Address:

Foreign Limited Liability Company USL Pensacola I, LLC

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COVER LETTER

| | gistration Section vision of Corporations |
|------------------|--|
| SUBJECT: | USL Pensacota I, LLC |
| 00200-1 | Name of Limited Liability Company |
| | d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please retur | n all correspondence concerning this matter to the following: |
| | Ruth A. Cordes |
| | Name of Person |
| | DLA Piper LLP (US) |
| | Firm/Company |
| | 203 N. LaSalle St., Ste. 1900 |
| | Address |
| • | Chicago, IL 60601 |
| | City/State and Zip Code |
| | ruth.cordes@dlapiper.com |
| For further i | E-mail address: (to be used for future annual report notification) |
| Ru | oth A. Cordes 91/312 368-2151 |
| _ | nth A. Cordes at (312) 368-2151 Name of Contact Person Area Code Daytime Telephone Number |
| Div Re P.C | AILING ADDRESS: vision of Corporations gistration Section Division of Corporations Registration Section Clifton Building Ushassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed | is a check for the following amount: \$125.00 Filing Fee U\$130.00 Filing Fee U\$155.00 Filing Fee U\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy |

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Liability Company," "L.L | ter alternate name adopted for the purpor L.C," or "LLC.") | se of transacting business | in Florida. The alternate name mus | t include "Limi |
|---|---|----------------------------|------------------------------------|-----------------|
| 2. Delaware | · | 3, applied for | | |
| (Jurisdiction under the company is organized | e law of which foreign limited liability d) | | (l'El number, it applicable) | |
| 4. Not applicable | | | | |
| | (Date lirst transacted busin (See sections 603.0904 & 603 | | | |
| 5 3 E. Stow Rd., Suit | ite 100, Marlion, New Jersey 08053 | • | | |
| J | | | | |
| | (Street A | Address of Principal Offic | e) | |
| ∠ 3 E. Stow Rd., Suite | te 100, Marlton, New Jersey 08053 | , | • | 三二 (1) |
| 0. | | | | Transition of |
| | | (Mailing Address) | | |
| | | (Maring Address) | | 5 |
| 7. The name, title | or capacity and address of the | person(s) who has | Thave authority to manage | is/are: |
| HSRE-USL II, LLC, s | sole Member, 3 E. Stow Rd., Suite 1 | 00, Marlion, New Jers | ey 08053 | |
| | | | | |
| | | | | |
| | | | | |
| P. Attached to an au | | | | |
| | riginal certificate of existence, records in the jurisdiction unde | | | |
| | ertificate is in a foreign langua | | | |
| must be submitted) | HSRR-USL II, LLC, sole Member By: Hillview Drive, LLC, a Member | | | |
| | By: Hillview-Michaels, LLC, Managil | g Member | | |
| | Ву: | Will | | |
| | | | erson | |

USL Pensacola I, LLC

1. The name of the Limited Liability Company is:

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| The nam | e and the Florida street address of the | e registered agent and office are: | = 129 FM |
|---|--|---|---|
| | C T Corporation System | _ | 图图图 |
| | (| (Name) | 25 |
| | 1200 South Pine Island Road | | |
| | | (P.O. BOX NOT ACCEPTABLE) | |
| | | | - 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 |
| | Plantation | | |
| | I laurenon | FL 33324 | |
| ibility con | n named as registered agent and to ac apany at the place designated in this c | City/State/Zip cept service of process for the above ertificate, I hereby accept the appoin | tment as |
| ability con gistered a atutes rela | n named as registered agent and to ac | City/State/Zip cept service of process for the above ertificate, I hereby accept the appoin I further agree to comply with the p rmance of my duties, and I am famili | tment as rovisions of all ar with and |
| ability con gistered a atutes rela scept the o | n named as registered agent and to ac apany at the place designated in this congent and agree to act in this capacity. While the proper and complete perfolingations of my position as registered bligations. CT Corporation System A Company (Signature) | City/State/Zip Icept service of process for the above vertificate, I hereby accept the appoint I further agree to comply with the parmance of my duties, and I am familid agent as provided for in Chapter 60 James M. Halpin Assistant Secretary | tment as rovisions of all ar with and |
| ability con gistered a atutes rela scept the o | n named as registered agent and to ac apany at the place designated in this congent and agree to act in this capacity. Along to the proper and complete performs of my position as registered By: CT Corporation System Managem (Signature) | City/State/Zip Icept service of process for the above vertificate, I hereby accept the appoint I further agree to comply with the parmance of my duties, and I am familited agent as provided for in Chapter 60 James M. Halpin Assistant Secretary ling Fee for Application | tment as rovisions of all ar with and |
| ability con gistered a atutes rela scept the o | n named as registered agent and to ac apany at the place designated in this capacity. It is capacity to the proper and complete performs of my position as registered bligations of my position as registered By: CT Corporation System (Signature) \$ 100.00 Fit \$ 25.00 De \$ 30.00 Ce | City/State/Zip Icept service of process for the above vertificate, I hereby accept the appoint I further agree to comply with the parmance of my duties, and I am familid agent as provided for in Chapter 60 James M. Halpin Assistant Secretary | tment as rovisions of all ar with and |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "USL PENSACOLA I, 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2015.

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

15 FEB 25 MI II: 08

5694065 8300

150212463

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

AUTHENTICATION: 2128028

DATE: 02-18-15

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