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Account#: 120000000088

Date:	10/23/2018	<u>—</u> .	
	Marisa Kugel	mann	
Reference	. #:10058	340	
Entity Nan	ne:	545 WYN MEZZ, LLC	
Am	cles of Incorporation/. endment ange of Agent	Authorization to Transact Busines	
Cor	nstatement nversion rger		OCT 23 A b: 52
_	solution/Withdrawal		, r.o.
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	Amount: 18125	<u>00</u>	



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Account#: 120000000088

Date:	10/23/2018		
	Marisa Kugelmann	<u> </u>	
Reference #	1005840	<u></u>	
	545 W	YN MEZZ, LLC	
<u> </u>	es of Incorporation/Authorizatio	n to Transact Business	
<u> </u>	ge of Agent		
☐ Reins	statement	\$130 BCI	_
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☐ Disso	olution/Withdrawal	· o. · · · · · · · · · · · · · · · · · ·	سم خ
Fictiti	ous Name		
Other			
Authorized A Signature: _	Amount: \$125.00		

P: +852.2682.9633

F: +852.2682.9790

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: 545 Wyn Mezz, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") Delaware (FEI number, if applicable) Unrediction under the law of which foreign lamted liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1330 W. Fulton Street, Suite 800 1330 W. Fulton Street, Suite 800 (Mailing Address) (Street Address of Principal Office) Chicago, Illinois 60607 Chicago, Illinois 60607 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee . Florida Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: 545 Wyn Venture, LLC Member 1330 W Fulton Suite 600 Chicago, Winois 50607 (Use attachments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b) Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degrae follow as provided for in s.817.155, F.S. Signature of an authorized person

Andrew Gloor
Typed or printed rains of signes



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

DELAWARE, DO HEREBY CERTIFY "545 WYN MEZZ, 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "545 WYN MEZZ,

LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2018.

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

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Authentication: 203663245

Date: 10-23-18

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