

BO7W00000318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

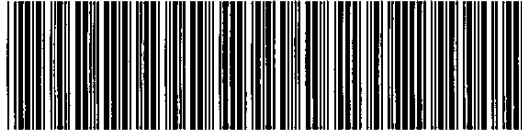
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



100110785071

10/19/07--01001--003 **1052.50

RECEIVED
07 OCT 18 PM 2:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 OCT 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
1574 Village Square Blvd Ste 100
Tallahassee, Florida 32309
(850) 681-6528 P

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

October 18, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

AMB HFC, L.P.

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

File 2nd

FILED
OCT 18 PM 3:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
X	Other - LP

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. AMB HFC, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. September 28, 2007

(Date of Formation)

4. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

5. 2731 Executive Park Drive, Suite 4

(Florida street address for Registered Agent)

Westin, FL 33331

6. 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.

By: Sandi Hansen

Signature of Registered Agent

Assist. Secy.

7. Pier 1, Bay 1, San Francisco, CA 94111

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

FILED
07 OCT 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Pier 1, Bay 1, San Francisco, CA 94111
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

AMB HFC GP, LLC
(Name)

MO7U0000U6253

(Name)

(Name)

(Name)

Pier 1, Bay 1

(Street Address)
San Francisco, CA 94111

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____
_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11th day of October, 20 07.

Signature of a general partner:

See Schedule 1

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

**SCHEDULE 1
TO
FOREIGN LIMITED LIABILITY COMPANY REGISTRATION**

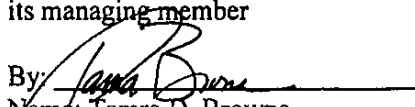
The undersigned affirms, under penalty of perjury, having authority to sign hereto, that this Foreign Limited Liability Company Registration is to the best of her knowledge and belief, true, correct and complete.

Dated: 10/11/2007

AMB PROPERTY II, L.P.,
a Delaware limited partnership,
its managing member

By: TEXAS AMB I, LLC,
a Delaware limited liability company,
its general partner

By: AMB Property Holding Corporation,
a Maryland corporation,
its managing member

By: 
Name: Tamra D. Browne
Its: Senior Vice President,
General Counsel, and Secretary

Delaware

PAGE 1

The First State

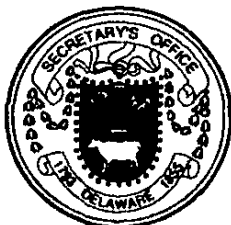
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMB HFC, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMB HFC, L.P." WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2007.

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

4440874 8300

071122192



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6078861

DATE: 10-16-07