

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000201010 3)))



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Division of Corporations

Fax Number : (850) 617-6383

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FLORIDA/FOREIGN LP/LLLP SPUS7 Miami ACC, LP

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K. SALY EXAMINES

8/26/2014

28/4 AUG 26 PM 12: 31 (2/4)

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

, SPUS7 Miami ACC, LP (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 July 17, 2014 State or Country of Formation **Date of Formation** 4. Federal Employer Identification Number 47-1362541 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 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. James M. Halpin Assistant Secretary of Registered Agent 8. Mailing Address: 7. Principal Office: 515 South Flower Street, Suite 3100 515 South Flower Street, Suite 3100 Los Angeles, CA 90071 Los Angeles, CA 90071 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: SPUS7 Miami ACC GP, LLC Name of General Purtner:_____ 515 South Flower Street, Suite 3100 Street Address: Street Address: Los Angeles, CA 90071 515 South Flower Street, Suite 3100 Mailing Address: Mailing Address:_ Los Angeles, CA 90071 Name of General Partner: _____ Name of General Partner: _____ Street Address:

Malling Address:

Muiling Address:

14 14:17:04 From: To: 8506176383	,	(3/4) [A][E]
		26/4 AUG 25
Name of General Partner:	Page 1 of 2 Name of General Partner:	こうだん かいしがた か
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
Effective date, if other than the date of filing: ective date cannot be prior to nor more than 90 a		

12 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 _

Signature of a general partner
SPUS7 Miami ACC GP, LLC, by: Howard L. Rosenberg, authorized person

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees: Certified Copy (optional):

\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee)

Certificate of Status (optional):

\$52.50 58.75

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Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SPUS7 MIAMI ACC, LP" 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-SIXTH DAY OF AUGUST, A.D. 2014.

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

5570238 8300

141109044

44 DATE: 08-26-14

AUTHENTACATION: 1647738