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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
W14-60	5590	

Office Use Only



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14 OCT 31 PM 3: 91

SECHETARY OF STATE





CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

() Nonprofit	() Amendment	() Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
() LLC	() Annual Report	(X) Other Trust Qualification
	() Name Registration	
() Certified Copy	() Fictitious Name	
	() Photocopies	(X) CUS
(x) Walk In		() After 4:30
() Mail Out	() Will Wait	(x) Pick Up
Name		
Availability	10/31/2014	Order#:
Document		9277931
Examiner Updater Verifier W.P. Verifier	КМ	Ref#:
W.1. VOITHCI	_	Amount: \$



TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Jacksonville Multifamily DST	
Enclosed is an o	original and one (1) copy of the Dec	laration of Trust and a check for:
FEES:		
Declara	tion of Trust	\$350.00
OPTIONAL:		
Certifie	d Copy	\$ 8.75
FROM:		
	Name (Printed or	typed)
	2901 Butterfield Road	
	Address	
	Oak Brook, Illinois 60523	
	City, State & Z	Cip
	(630) 218-8000	
	Daytime Telephone	number



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2014

CT CORPORATION SYSTEM/ KM

SUBJECT: JACKSONVILLE MULTIFAMILY DST

Ref. Number: W14000066590

2014 HOV - 4 AN 9: 48

We have received your document for JACKSONVILLE MULTIFAMILY DST and your check(s) totaling \$358.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A copy of the trust must be attached to the Affidavit to file of qualify a Trust.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 914A00023451

RE-SUBMIT
Please retain original filing date of submission __e/31

October 31, 2014

Jacksonville Multifamily, L.L.C. 2901 Butterfield Road Oak Brook, Illinois 60523

RE: CONSENT TO USE NAME

To whom it may concern:

Jacksonville Multifamily, L.L.C., a Delaware limited liability company, hereby provides consent to Jacksonville Multifamily DST, a Delaware statutory trust, to use the name of "Jacksonville Multifamily DST".

Jacksonville Multifamily, L.L.C., a Delaware limited liability company

By: Inland Private Capital Corporation, a

Delaware corporation

Its: Sole Member

Name: Joseph E. Binder

Title: Senior Vice President

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR QUALIFY

JACKSONVILLE MULTIFAMILY DST

14 OCT 31 AM 9:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

A _____DELAWARE STATUTORY TRUST

Delaware	•	lame of Trust)
(State)	I rust nereby a	affirms in order to file or qualify
	Multifamily DST	, in the State of Florida.
	(Name of Trust)	
1. Two or mor	e persons are named in th	ne Trust.
2. The principa	al address is 2901 Butterf	ield Road
	Illinois 60523	·
3. The register C T Corpora	ed agent and street addrestion System, 1200 South F	ss in the State of Florida is: Pine Island Road
Plantation, I	Florida 33324	
4. Acceptance	by the registered agent:	Having been named as registered
agent to acce	ept service of process for designated in this affidav gent and agree to act in th	the above named Declaration of Trust it, I hereby accept the appointment as is capacity: Onnie Bryon
agent to acce	ept service of process for designated in this affidav gent and agree to act in th	the above named Declaration of Trust it, I hereby accept the appointment as is capacity: Onnie Bryon
agent to acce	ept service of process for designated in this affidav gent and agree to act in th	the above named Declaration of Trustit. I hereby accept the appointment as
agent to accept at the place registered agent to accept agent agent to accept agent to accept agent to accept agent agent to accept agent agent agent to accept agent agent to accept agent agen	ept service of process for designated in this affidave gent and agree to act in the gent and agree to act in the service of Regular the attached is a true and which the association produced by of Section 1 Jacksonville Multiple of Section 2 Jacksonville Octobre 2 Jacksonville 2 Jacksonvil	the above named Declaration of Trusit, I hereby accept the appointment as is capacity: Onnie Bryon
agent to accept at the place registered agent to accept agent to accept agent to accept agent ag	ept service of process for designated in this affidave gent and agree to act in the service of Regular to before By: Jacksonville Multin to before By: Jacksonville	the above named Declaration of Trit, I hereby accept the appointment its capacity. Onle Bryon Accident Secretory distered Agent) I correct copy of the Declaration of oposes to conduct its business in tifamily DST, a Delaware statutory trust e Multifamily Exchange, L.L.C., a Delaware

State of Delaware Secretary of State Division of Corporations Delivered 02:43 PM 10/31/2014 FILED 02:43 PM 10/31/2014 SRV 141358842 - 5631654 FILE

CERTIFICATE OF TRUST OF JACKSONVILLE MULTIFAMILY DST

This Certificate of Trust of Jacksonville Multifamily DST (the "Trust") dated as of October 31, 2014, is being duly executed and filed on behalf of the Trust by the undersigned, as trustees, to form a statutory trust under the Delaware Statutory Trust Act (12 <u>Del. C.</u> § 3801 <u>et seq.</u>) (the "Act").

- 1. Name. The name of the statutory trust formed hereby is Jacksonville Multifamily DST.
- Delaware Trustee. The name and business address of the trustee of the Trust in the State of Delaware is The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801 (County of New Castle County).
- 3. <u>Effective Date</u>. This Certificate of Trust shall be effective upon filing with the Delaware Secretary of State's Office.

WHEREFORE, the undersigned have duly executed this Certificate of Trust in accordance with Section 3811 (a)(1) of the Act.

SIGNATORY TRUSTEE:

Jacksonville Multifamily Exchange, L.L.C., a Delaware limited liability company, as Signatory Trustee

By: Inland Private Capital Corporation, a Delaware corporation, its sole member

By: /s/ Cathleen M. Hrtanek
Cathleen M. Hrtanek
Secretary

DELAWARE TRUSTEE:

The Corporation Trust Company, and corporation, as Delaware Trustee

By: /s/ Victor A. Duva Diri

FAROVE,

Delaware 14 OCJASE AM 9: 57

The First State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND

CORRECT COPY OF CERTIFICATE OF TRUST OF "JACKSONVILLE

MULTIFAMILY DST" FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF

OCTOBER, A.D. 2014, AT 2:43 O'CLOCK P.M.

5631654 8100V

141358842

AUTHENTS CATION: 1827748

DATE: 10-31-14

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