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10 AUGUST 2014
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2014 SEP -2 PM 2:53

RECEIVED
DEPARTMENT OF STATE
CORPORATION DIVISION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP -2 AM 8:17

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/2/14

NAME: BLOOMINGDALE PALMS MANAGER, INC

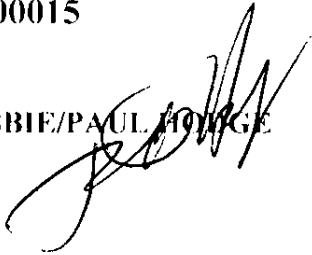
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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bloomington Palms Manager, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James B. Allen

Name of Person

Brown, Udell, Pomerantz & Debrahn, Ltd.

Firm/Company

1332 North Halsted Street, Suite 100

Address

Chicago

IL

60642

City/State and Zip code

jallen@bupdlaw.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

James B. Allen

Name of Person

at (312)

475-9900

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Bloomington Palms Manager, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 8/13/2014 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 208 S. LaSalle Street, Suite 1800, Chicago, IL 60604
(Principal office address)
- 208 S. LaSalle Street, Suite 1600, Chicago, IL 60604
(Current mailing address)

- Management of Bloomington Palms, LLC
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Corporate Research, Ltd., Inc.

Office Address: 155 Office Plaza Drive

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Joni Wallace, NCR Assistant Secretary
(Registered agent's signature)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robert J. Murtagh (sole director)

Address: 208 S. LaSalle Street, Suite 1600

Chicago, IL 60604

Director: _____

Address: _____

B. OFFICERS

President: Robert J. Murtagh

Address: 208 S. LaSalle Street, Suite 1600

Chicago, IL 60604

Vice President: _____

Address: _____

Secretary: Robert J. Murtagh

Address: 208 S. LaSalle Street, Suite 1600, Chicago, IL 60604

Treasurer: Robert J. Murtagh

Address: 208 S. LaSalle Street, Suite 1600, Chicago, IL 60604

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert J. Murtagh _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

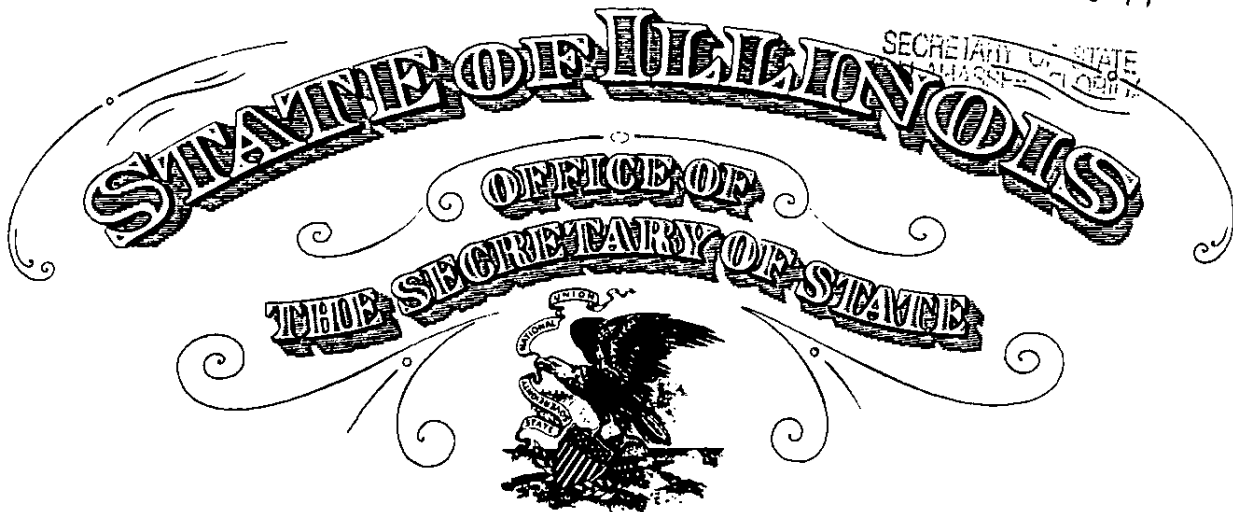
14. Robert J. Murtagh
(Typed or printed name and capacity of person signing application)

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AND
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File Number

6965-215-8

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

BLOOMINGDALE PALMS MANAGER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 13, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of SEPTEMBER A.D. 2014 .*

Jesse White

Authentication #: 1424501484

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE