

# L12000/16599

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K. SALY  
EXAMINER  
SEP 12 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 340626 7767755

AUTHORIZATION :

COST LIMIT : \$ 155.00

*[Handwritten signature]*

ORDER DATE : September 10, 2012

ORDER TIME : 4:23 PM

ORDER NO. : 340626-005

CUSTOMER NO: 7767755

DOMESTIC FILING

NAME: AVISON YOUNG - FLORIDA, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avison Young - Florida, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Z. Slaughter

Name of Person

Avison Young (USA), Inc.

Firm/Company

120 North La Salle Street, Suite 3300

Address

Chicago, Illinois 60602-2416

City/State and Zip Code

robert.slaughter@avisonyoung.com

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

For further information concerning this matter, please call:

Kreg Allison

Name of Person

at ( 847 ) 637-0707

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Avison Young - Florida, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

120 North La Salle Street, Suite 3300  
Chicago, Illinois 60602-2416

#### Mailing Address:

120 North La Salle Street, Suite 3300  
Chicago, Illinois 60602-2416

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

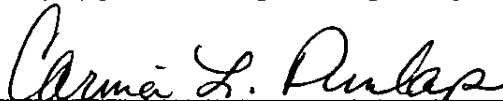
Tallahassee

FL 32301

City, State, and Zip

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

**Carina L. Dunlap**  
**Asst. Vice President**

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Avison Young (USA), Inc.

120 North La Salle Street, Suite 3300

Chicago, Illinois 60602-2416

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Kimberly A. Krugman, Secretary of Avison Young (USA), Inc.

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

## **STATEMENT OF PURPOSE**

The business of Avison Young – Florida, LLC (“the Company”) shall be to provide commercial real estate and related services (including, without limitation, brokerage, leasing, property and facilities management, investment management, project management, administrative and consulting and advisory services) to other persons and to the Company and its affiliates, to invest for the Company’s own account in real property and to do any and all things necessary, appropriate, convenient, incidental or ancillary to such business and consistent with the Company’s Operating Agreement, the Company’s Articles of Organization and the Florida Limited Liability Company Act, as amended from time to time.