

ACQUITTAL FILING COVER SHEET

REFERENCE: 2020706
(Sub Account)

DATE: 1-31

500003115805--3

REQUESTOR NAME: _____ **LEXIS**

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: HSA-DOA, LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodward

**CERTIFIED COPY (1-9)
CERTIFICATE OF STATUS (1-9)
PLAIN STAMPED COPY**

(X) Call When Ready
(X) Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

RECEIVED
JAN 31 AM 11:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00-4031 FM 1-32
DEPARTMENT OF STATE
OFFICE OF ASSISTANT SECRETARY FOR
PUBLIC AFFAIRS
WASHINGTON, D.C.
Up

13/12

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. HSA-DOA, LLC
(Name of foreign limited liability company)
2. DE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 1/26/00
(Date of Organization)
5. 12/31/2050
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. c/o HSA Commercial, Inc., 180 North Wacker Drive, Suite 500, Chicago, IL 60606
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

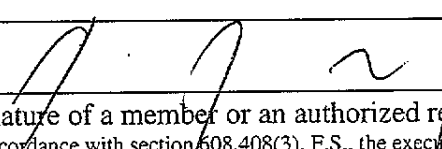
9. The usual business addresses of the managing members or managers are as follows:

John E. Shaffer	180 North Wacker Drive, Suite 500, Chicago, IL 60606
Robert E. Smietana	" " " "
Stephen J. Tinsley	" " " "
Melissa S. Pielet	" " " "

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate

Development


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen J. Tinsley

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

HSA-DOA, LLC

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

Lexis Document Services, Inc.

(Name)

3953 W.W. Kelley Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

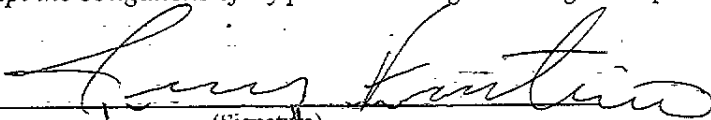
Tallahassee

FL

32311

City/State/Zip

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..


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

00 JAN 31 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
JAN 31 2011

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HSA-DOA, LLC" 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-SEVENTH DAY OF JANUARY, A.D. 2000.

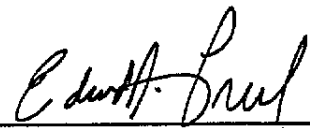
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HSA-DOA, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2000.

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

00 JAN 31 PM 1:32
SECRETARY OF STATE
HALL/MASSCH/11/2000

APPROVED
AND
FILED





Edward J. Freel, Secretary of State

3165065 8300

001041435

AUTHENTICATION: 0220348

DATE: 01-27-00