Document Number Only 1000000570 C T CORPORATION SYSTEM After qualifying this partner, please continue iling L.P. attached at back! Ofe Requestor's Name 660 East Jefferson Street Address 32301 (850)222-1092 Tallahassee, FL Zip Phone State City CORPORATION(S) NAME -03/24/00---01061---011 ักก _****125.00 () Profit () Merger () Amendment NonProfit Limited Liability Company () Dissolution/Withdrawal () Mark Foreign () Other 豆品 () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () Fictitious Name Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready () Pick Up () Will Wait () Walk In () Mail O Name Availability PLEASE RETURN EXTRA COPY(S) FILE STAMPED Document THANKS Examiner LAURA EARNEST Updater Verifler 00 MAR 24 PM 12: 04 Acknowledginent

RECEIVED

CR2E031 (1-89)

W.P. Verifier,

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

1.	USPM DELANEY, LLC	
	(Name of foreign limited liability company)	
_	a moderate for	
۷.	. Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. Optical (FEI number, if applicable)	•
4.	. 3/20/00 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Hpop Filing	
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7.	Two Ravinia Drive, Suite 400	
	Atlanta, Georgia 30346-2104 (Street address of principal office)	-77
	Atlanta, Georgia 30346-2104 (Street address of principal office)	=
	(Officer address or printerpar orrive)	FILED
8.	(Street address of principal office) If limited liability company is a manager-managed company, check here The usual business addresses of the managing members or managers are as follows:	
9.	The usual business addresses of the managing members or managers are as follows:	
	Two Ravinia Drive, Suite 400	
	TWO Kavinia Dilve, Butte 400	
	Atlanta, Georgia 30346-2104	
	Tool 1111 de de la literation motodicione	aanda i
10). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of red	XIUS I
th	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	-
tra	anslation of the certificate under oath of the translator must be submitted.)	
_	ca :	•
13	1. Nature of business or purposes to be conducted or promoted in Florida: _real estate management	•
	USPM DELANEY, LLC	• ,
	·	
	* By: - Stephen F. White - Vice President	
	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 F. White	
	Typed or printed name of signee	
U _!	S. Property Management II, L.P., its sole member	
FL	057–11/1/99 CTSystem Online By: TMW Realty Advisors:, LLC, its sole general partner By: TMW Real Estate Group, LLC, its sole mem ber	

By: TMW Real Estate Partners, Inc. - its managing member

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 Liab	ility Company is:	
USPM DELANEY, LLC		
2. The name and the Florida stre	et address of the registered agent and office ar	e:
C T Corporation Sys	tem	00 TALI
	(Name)	DO MAR 24 SECRETAR ALLAHASS
c/o C T Corporation	System, 1200 South Pine Island Road	ñ-≺ i-
	a street address (P.O. Box NOT ACCEPTABLE)	EA B
Plantation	FL 33324	1: 42 STATE "LORID!
<u> </u>	City/State/Zip	 >
liability company at the place design agent and agree to act in this capace relating to the proper and complete	gent and to accept service of process for the about and in this certificate, I hereby accept the appoints. I further agree to comply with the provision performance of my duties, and I am familiar with the provided for in Chapter 608, F.S	ointment as registered ns of all statutes th and accept the
C T Corporation System	CONNIE BRYAN	

FL054 - 9/28/99 C T System Online

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 000830814
CONTROL NUMBER : 0012917
DATE INC/AUTH/FILED: 03/20/2000
JURISDICTION : GEORGIA
PRINT DATE : 03/23/2000

FORM NUMBER : 211

HUNTON & WILLIAMS
600 PEACHTREE ST. NE
ATLANTA, GA 303082216

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

USPM DELANEY, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State