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Account Name : FOLEY & LARDNER Account Number : 072720000061

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#### FOREIGN LIMITED LIABILITY COMPANY

#### ONE INDEPENDENT SQUARE LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	ONE INDEPENDENT SQUARE LLC		
	(Name of foreign limited liability company)		•
	DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		-
4.	NOVEMBER 4, 2003  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will of the company will of	tase to	-
6.	(Date first transacted business in Florida, (See sections 608.501, 608.502, and 817.155, P.S.)		
7.	ONE INDEPENDENT DRIVE, SUITE 114		
	JACKSONVILLE, FLORIDA 32202		•
	(Street address of principal office)		
8,	If limited liability company is a manager-managed company, check here		
9.	The name and usual business addresses of the managing members or managers are as follows:		)3 N
	ONE INDEPENDENT SQUARE MANAGEMENT LLC		<b>=</b>
	ONE INDEPENDENT DRIVE, SUITE 114	-, ,	0 54
	JACKSONVILLE, FLORIDA 32202	1	شد ب
		i de la companya de l	,,
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign latenslation of the certificate under each of the translator must be submitted.)	*	
11	Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE		
	OWNERSHIP AND MANAGEMENT.		
	abud Cut		
	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 penaltics of perjury that the facts stated herein are true.)  DAVID C. COOK, ESQ., AUTHORIZED SIGNATORY		

Typed or printed name of signee

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

THE UNDER	SIGNED LIMITED LIABILIT 'TO DESIGNATE A REGIST	ECTION 608.415 or 608.507, FLORIDA S Y COMPANY SUBMITS THE FOLLOW FERED OFFICE AND REGISTERED AG	VING
1. The name of	of the Limited Liability Comp	any is:	
ONE INDEF	PENDENT SQUARE LLC		
2. The name a	nd the Florida street address	of the registered agent and office are:	
	F&L CORP.		
		(Name)	7 m ( * *** 7 .
	200 LAURA STREET		· · · · · · · · · · · · · · · · · · ·
	Florida street add	ross (P.O. Box <u>NOT</u> acceptable)	,
	JACKSONVILLE	FL 32202	·
	(0	ity/State/Zip)	
liability comparegistered ages statutes relating accept the obliging FEL CORP.  By: Charles	ny at the place designated in t it and agree to act in this capa g to the proper and complete p	to accept service of process for the above s his certificate, I hereby accept the appoint acity. I further agree to comply with the pro- performance of my duties, and I am familia attered agent as provided for in Chapter 608	ment as ovisions of all r with and
	\$ 190.00 \$ 25.00 \$ 30.00 \$ 5.00	Certified Copy (optional)	

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# elaware

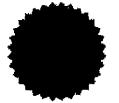
PAGE

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE INDEPENDENT SQUARE 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 SEVENTE DAY OF NOVEMBER, A.D. 2003.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE INDEPENDENT SQUARE LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2003.



Harrier Smith Windson, Secretary of State

AUTHENTICATION: 2736766

DATE: 11-07-03

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