

M05000001560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

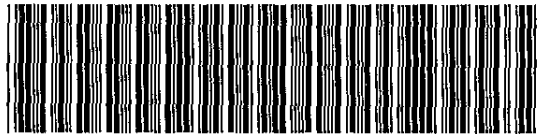
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 268668 7385716
AUTHORIZATION : *Patricia Pajito*
COST LIMIT : \$ 125.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 21, 2005

ORDER TIME : 1:31 PM

ORDER NO. : 268668-025

CUSTOMER NO: 7385716

CUSTOMER: Ms. Peggy E. Samson
Perkins Coie LLP
Suite 1700
131 S. Dearborn Street
Chicago, IL 60603-5559

FOREIGN FILINGS

NAME: SHC CHOPIN PLAZA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

05 MAR 23 4:53 PM
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 TALLAHASSEE, FLORIDA

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

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

1. SHC Chopin Plaza, LLC
 (Name of Foreign Limited Liability Company)
2. Delaware
 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-2519878
 (FEI number, if applicable)
4. March 17, 2005
 (Date of Organization)
5. Perpetual
 (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
 (Date first transacted business in Florida, if prior to registration.)
 (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 77 W. Wacker Drive, Suite 4600
Chicago, IL 60601
 (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:
Robert T. McAllister, 77 W. Wacker Dr., Suite 4600, Chicago, IL 60601
James Z. Mead, 77 W. Wacker Dr., Suite 4600, Chicago, IL 60601
Monte Huber, 77 W. Wacker Dr., Suite 4600, Chicago, IL 60601
Michael Morgan, 103 Foulk Rd., Suite 200, Wilmington, DE 19803
Michelle Dreyer, 103 Foulk Rd., Suite 200, Wilmington, DE 19803
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:

Property Ownership

Robert T. McAllister

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.)

Robert T. McAllister, Manager

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:

SHC Chopin Plaza, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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, Florida Statutes.

Corporation Service Company

By: 

(Signature)

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

Delaware

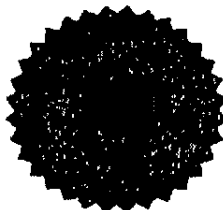
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHC CHOPIN PLAZA, 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 EIGHTEENTH DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHC CHOPIN PLAZA, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2005.

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



3941769 8300

050227134

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3754156

DATE: 03-18-05