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Division of Corporations

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From:

Account Name : FOLEY & LARDNER Account Number : 072720000061

Phone Fax Number

: (904)359-2000 : (904)359-8700

FL-University Walk OP, LLC

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status Certified Copy 1 Page Count 02 Estimated Charge \$160.00 897 1982153

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Corporate Filing Menu

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:

(Name of Foreign Limited	Lia	Billity Company)		
Delaware	3.	applied for		
urisdiction under the law of which foreign limited liability ompany is organized)	٠,	(FEI number, if applicable)	
April 30, 2007	5	Perpetual		
(Date of Organization)	٠.	(Duration: Year limited liability compan exist or "perpetual")	y will cea	se to
N/A		,	,	
(Date first transacted business in F (See sections 608.501 & 608.502 F.				
One Independent Drive, Suite 114, Jacksonvi	lle,	FL 32202		
(Street Addres	s of	Principal Office)		
If limited liability company is a manager-manage	d cc	ompany, check here		1,
The name and usual business addresses of the market-University Walk OP Member, LLC, One Independent	•			<u> </u>
The name and usual business addresses of the marker. FL-University Walk OP Member, LLC, One Independent	•			2
	end dzy py is	ent Drive, Suite 114, Jacksonville, F sold, duly authenticated by the official having snot acceptable. If the certificate is in a foreited.)	L 32202	y of r gc, a
Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocostation of the certificate under oath of the translator must be sufficient of the translator must be sufficient of the certificate under oath of the translator must be sufficient of the certificate under oath of the translator must be sufficient of business or purposes to be conducted or	end dzy py is	ent Drive, Suite 114, Jacksonville, F sold, duly authenticated by the official having snot acceptable. If the certificate is in a foreited.)	L 32202	y of n gc, a

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 DESIGNAT	TE A REGISTERI	ED OFFICE	AND REGISTERED AGENT IN	- · · • · · • · · · · · · · · · · · · ·
1. The name of	f the Limited Liab	ility Comp	any is:	·
FL-UNIVER	SITY WALK C	OP, LLC	1 .	
2. The name at	nd the Florida stre	et address (of the registered agent and office	are:
	F&L CORP.	·· · · · · · ·		
		•	(Name)	
,	One Indepen	dent Driv	e, Suite 1300	
<i>i</i> e		***	ress (P.O. Box NOT ACCEPTABLE)	
	Jacksonville		FL 32202 City/State/Zip	
liability compan agent and agree relating to the p	y at the place desi to act in this capa roper and complet	gnated in th icity. I furth e performa	o accept service of process for the is certificate, I hereby accept the c her agree to comply with the provis nce of my duties, and I am familian as provided for in Chapter 608, F	appointment as registered sions of all statutes with and accept the
By: Charles Charles V. Hee	(Signature)	3 Signator	y .	2007 HAY - 1 SECRETARY I TALLAHASSEE
•		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Age Certified Copy (optional) Certificate of Status (optional)	AM IO: 57 OF STATE E. FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FL-UNIVERSITY WALK OP, 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 THIRTIETH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FL-UNIVERSITY WALK OF, LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2007.

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

4343313 8300

070**49**5020

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 5635 182

Fax Audit No. H07000120008