# M07000003593

(Re	equestor's Name)	
(Ad	ldress)	
(		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Dc	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
1		
Special Instructions to	Filing Officer	

Office Use Only



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TALLAHASSEE, FLORIDA

TUNIS PH 4: 14
PERAFURING OF STATE



ACCOUNT NO. : 072100000032					
REFERENCE : 945250 7567195					
AUTHORIZATION: Spelle man					
COST LIMIT : \$ 125.00					
Q.F.					
ORDER DATE : June 12, 2007					
ORDER TIME : 2:58 PM					
ORDER NO. : 945250-320					
CUSTOMER NO: 7567195					
FOREIGN FILINGS					
NAME: DCX CB SQUARE NINETEEN, LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u> )					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Troy Todd EXT# 2940					

EXAMINER:

#### 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 Limite	d T ia	hility Company)
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3	(FEI number, if applicable)
(Date of Organization)	5.	Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in (See sections 608.501 & 608.502 F 518 17th Street, Suite 1700	Flori S. to	da, if prior to registration.) determine penalty liability)
Denver, CO 80202	es of	Principal Office)
If limited liability company is a manager-manag		_
The name and usual business addresses of the m	anag	ing members or managers are as follows:
CB Square Leasing LLC 518 17th Street, Suite 1700		
518 17th Street, Suite 1700  Denver, CO 80202  Denver, CO 80202  Attached is an original certificate of existence, no more than se jurisdiction under the law of which it is organized. (A photoc	90 day	s old, duly authenticated by the official having custody of reco
518 17th Street, Suite 1700	20 da opy i ubmit	vs old, duly authenticated by the official having custody of reco s not acceptable. If the certificate is in a foreign language, a ted.)

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 nai	me of the Limited Liability Com	pany is:	
DCX CE	3 Square Nineteen LLC		
2. The nai	me and the Florida street address	s of the registered agent and offic	e are:
	Corporation Service (	Company	
		(Name)	
	1201 Hays Street		
	Florida Street Ac	idress (P.O. Box NOT ACCEPTABLE)	
	Tailahassee	<sub>FL</sub> 32301	
		City/State/Zip	• • • • • • • • • • • • • • • • • • • •
liability co agent and c relating to obligations	mpany at the place designated in agree to act in this capacity. I fu the proper and complete perform	I to accept service of process for the this certificate, I hereby accept the there agree to comply with the proviance of my duties, and I am familient as provided for in Chapter 608,  Troy Todd  as its agent	e appointment as registered visions of all statutes ar with and accept the

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

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DCX CB SQUARE NINETEEN 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 TWELFTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DCX CB SQUARE NINETEEN LLC" WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2007.

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

LARYS OF COMMENTS OF COMMENTS

4369229 8300 070699613 Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5752416

DATE: 06-12-07