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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Вс | usiness Entity Nar | ne) |
| (De | ocument Number) | <u> </u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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ACCOUNT NO.: 072100000032

REFERENCE: 339303 7175508

AUTHORIZATION

COST LIMIT: \$ 155.00

ORDER DATE: November 30, 2007

ORDER TIME: 1:25 PM

ORDER NO.: 339303-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: VP 428, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

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:

| 1 VP 428, LLC | | 0 | ک ک |
|--|----------------|---|----------------|
| (Name of Foreign Limited Liability Company; must inc | clud | e "Limited Liability Company," "L.L.C.," or "Lacky, | E / |
| 1. VP 428, LLC (Name of Foreign Limited Liability Company; must incompany of the managers or managing members adopting the accompany," "L.L.C.," "LLC.") 2. DELAWARE (Jurisdiction under the law of which foreign limited liability | posi lteri | e of transacting business in Florida and attach a copy of the nate name. The alternate name must include "Limited Liabil | written of the |
| Company," "E.L.C.," "LLC.") DEI AWARE | _ | 26-1488228 | بن بن |
| (Jurisdiction under the law of which foreign limited liability company is organized) | 3. | (FEI number, if applicable) | ON THE |
| 4. DELAWARE (Date of Organization) | 5. | PERPETUAL (Duration: Year limited liability company will cease to | , A |
| 6. N/A | | (Duration: Year limited liability company will cease to exist or "perpetual") | |
| (Date first transacted business in) (See sections 608.501 & 608.502 F | Flor | ida, if prior to registration.) o determine penalty liability) | |
| 7. 2 N. LASALLE STREET, SUITE 1300 | | | |
| CHICAGO, IL 60602 | | Ch. L. Tota | |
| · | | f Principal Office) | |
| 8. If limited liability company is a manager-manage | d c | ompany, check here 🔀 | |
| 9. The name and usual business addresses of the ma | ana, | ging members or managers are as follows: | |
| VIRGINIA PROPERTIES EXCHANGE, | , Iì | IC. | |
| 2 N. LASALLE STREET, SUITE 1300 | | | |
| CHICAGO, IL 60602 | | | |
| 10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photocontranslation of the certificate under eath of the translator must be su | ору | is not acceptable. If the certificate is in a foreign language, a | ords in |
| 11. Nature of business or purposes to be conducted | or : | promoted in Florida: REAL ESTATE | |
| INVESTMENTS | | | • |
| Mass | | | |
| | , F.S erjur | | |

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.

| If name unaw | C | be used in the state of Florida is: |
|---------------|-------------------------------|---|
| II name unava | madie, me anemate name to | be used in the state of Plotida is. |
| 2. The name | and the Florida street addres | s of the registered agent and office are: |
| | Corporation Service C | Company |
| | | (Name) |
| | 1201 Hays Street | |
| | Florida Street Ac | ddress (P.O. Box NOT ACCEPTABLE) |
| | | 22201 |
| | Tallahassee | FL 32301 |

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

(Signature)
William M. Edrington, Authorized Representative

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VP 428, 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 NOVEMBER, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VP 428, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2007.

4443091 8300

You may verify this certificate online at corp delaware gov/authver.shtml

Varnet Smile Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6198078

DATE: 11-30-07