080000004 Division of Corp

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000025801 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5926

LORIDA/FOREIGN LIMITED LIABILITY CO.

AMp-HSRE I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/30/2008

https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION SYSTM

9269848098

40:91 800Z/0E/10

IAN a 1 2000

PAGE 01/04

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANYTOTRANSACT	"BUSINESS IN THE STATE OF FLORIDA:
1. AMP-HSRE I, LLC	
(Name of Foreign Limited Liability Co	ompany; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing member Company," "L.L.C.," "L.L.C.")	opted for the purpose of transacting business in Florida and attach a copy of the written re adopting the alternate name. The alternate name must include "Limited Liebility
2. Delaware	3, 26-1835855
(Jurisdiction under the law of which foreign company is organized)	a limited liability (FEI number, if applicable)
4. January 24, 2008	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will couse to exist or "perpetual")
6. upon qualification	
(Date first transac	sted business in Florida, if prior to registration.) 601 & 608.502 F.S. to determine penalty liability)
7. 3990 Sharidan Street, Strite 107, Hollywood	
	CC CAR
	(Street Address of Principal Office)
8. If limited liability company is a mar	
9. The name and usual business addre	sses of the managing members or managers are as follows: 0
AMP-HSRE IA, LLC, 3990 Sheridan Stre	sses of the managing members or managers are as follows: 00 cet, Suite 107, Hollywood, Florida 33021
HSRB-AMP IA, LLC, 71 South Wacker I	Drive, Suite 3571 Chicago, IL 60606
10. Attached is an original certificate of existence the jurisdiction under the law of which it is organ translation of the certificate under eath of the translation.	e, no more than 90 days old, duly authenticated by the official having custody of records in ized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slator must be submitted.)
1. Nature of business or purposes to i	be conducted or promoted in Florida, bold real estate
x/ //)	
Signature of a m	sember or an authorized representative of a member.
(In accordance with so	ection 608.408(3), F.S., the execution of this document constitutes
an enimation under i AMP-HSRE IA, LL	the pountries of perjury that the facts stated herein are true.) C. a Member*
	yped or printed name of signee *By: ANACH SV/126 (60)
FLUS7 - 06/28/2007 C T Systems Unline	Print name and title and Authorized Representative

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.

AMP-HSRE I, LLC				
If name unavailable	s, the alternate name to	o be used in the state o	of Florida is:	
2. The name and th	e Florida street addres	ss of the registered age	ent and office are:	
	d	CT Corporation System	1	I. 0
		(Name)		OB JI
	120	00 South Pine Island Road		JAN 30 CRETAR LAHASS
	Florida Street A	Address (P.O. Box NOT A	OCEPTABLE)	CON-C HOME
	Plantation	FL	33324	AM 8: OF ST
		Clty/State/Zip		TATE ORIDA
liability company at agent and agree to a relating to the prope	the place designated in act in this capacity. I fa or and complete perform	d to accept service of p n this certificate, I here urther agree to comply mance of my duties, an ent as provided for in C	by accept the appoint with the provisions of d I am familiar with a	stated limited tment as registered fall statutes und accept the

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

Certificate of Status (optional)

PLAS? - UNFREADUP C. T Rynters Option

\$ 30.00

5.00

(Signature)

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMP-HSRE I, 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 JANUARY, A.D. 2008.

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

4494671 8300

080098974

You may varify this certificate online at corp. delaware. gov/authver. showl

Daniel Smile Hinason

AUTHENTICATION: 6348187

DATE: 01-30-08

PAGE 04/04

CT CORPORATION SYSTM

01/30/2008 12:07 8508785926