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DEPARTMENT OF STATE
DIVISION OF CONFORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
ALL AHASSEE FLORID



B. KOHR

MAR 1 3 2008

EXAMINER



ACCOUNT NO. : 072100000032						
REFERENCE : 484109 7462982						
AUTHORIZATION: Spelbelenas						
COST LIMIT : \$ 105.00						
ORDER DATE: March 13, 2008						
ORDER TIME : 9:05 AM						
ORDER NO. : 484109-005						
CUSTOMER NO: 7462982						
FOREIGN FILINGS						
,						
NAME: SCANNELL REVEX #108, LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Heather Chapman EXT# 2908						
EXAMINER:						

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

IN COMPILANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

LIVITED LIABILITY CON		SINIEOFTEMEN		
	Ex #108, LLC	ide "Limited Liability Company," "L. L.C.," or "L.L.C.	- 117	
(Nume of Foreign	r company, max men	and Limited Liability Company, D. D. C., C. 2000	, ,	
	or managing members adopting the alte	se of transacting business in Florida and attach a copernate name. The alternate name must include "Limite		
2. Indiana (Jurisdiction under the company is organized)	law of which foreign limited liability	3. 26-2166160 (FEI number, if applicable)		
4. March 12, 20 (Date o	008 of Organization)	Duration: Year limited liability company will coexist or "perpetual")	asc to	
_{6.} March 17, 20			77.0	,
	(Date first transacted business in Fig (See sections 608.501 & 608.502 F.S.	orlds, if prior to registration.) to determine penalty liability)	1.00 M	; =
7. 800 E. 96th S	Street, Suite 175		OB MAR SECRET	Ĵ
Indianapolis,	IN 46240		SSI 3	5
		of Principal Office)		
8. If limited liability	company is a manager-managed	company, check here 🗸	OF STATE	-
9. The name and usu	al business addresses of the mana	aging members or managers are as follows:	RIDA TE	20
First America	an Exchange Company, I	LLC		
30 North LaS	alle St., Suite 310			
Chicago, IL 6	0602			
the jurisdiction under the la		ays old, duly authenticated by the official having custod is not acceptable. If the certificate is in a foreign langualitied.)		•
11. Nature of busines	ss or purposes to be conducted or	promoted in Florida: Real estate develo	opment	
and leasing	1			
	MYLLON	9		
	Signature of a member or an aut. (In accordance with section 608 408(3), F.s. an affirmation under the penalties of perjurity.)	horized representative of a member. S., the execution of this document constitutes ry that the facts shaled herein are true)		
	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

Scann	ell RevEx #108, LLC		
If name	unavailable, the alternate name to	be used in the state of Florida is:	
2. The	name and the Florida street addres	ss of the registered agent and office are:	-1 0
	Corporation Service Company		
		(Name)	08 MAR 13 SECRETAR TALLAHAS
	1201 Hays Street		0
	Florida Street Address (PO Box NOT ACCEPTABLE)		- Francis
	Tallahassee	FL 32301	O9 TATE ORID
		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

(Signature)

Jane S. Krayer, Assistant VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

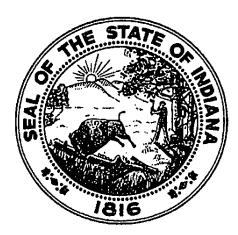
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate

I further certify that records of this office disclose that

SCANNELL REVEX #108, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 12, 2008, and was in existence or authorized to transact business in the State of Indiana on March 12, 2008

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of March, 2008

TODD ROKITA, Secretary of State

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