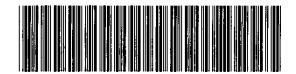
M08000000367

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
MAY 20 2008		

Office Use Only

EXAMINER



200128920042

05/19/08--01027--018 **160.00

ZOOD MAY 19 P 3: 14
SECRETARY OF STATE
ALLAHASSEE, FLORMA

COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: DH Jacksonville, LLC				
(Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Kisha L. Parker, Esq.				
(Name of Person)				
Duke Realty Corporation		ZE SE TAL		
(Firm	n/Company)	CRE CAH	71	
3950 Shackleford, Suite 300		ECRETARY OF S	FILED	
(1	Address)	FLG FLG		
Duluth, GA 30096-8268		ATE RIDA		
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Kisha L. Parker, Esq.	at (770) 717-2429			
(Name of Person)	(Area Code & Daytime Teleph	none Number)		
MAILING ADDRESS:	STREET ADDRESS:			
-	Division of Corporations			
	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \frac{1}{2				

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:

DH Jacksonville. LLC		
1. DH Jacksonville, LLC (Name of Foreign Limited Liability Company; must include the company).	le "Limited Liability Company,"	"L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")		
05/07/2008		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if	applicable)
4 5.	Perpetual	
(Date of Organization)	(Duration: Year limited liabil exist or "perpetual")	
6.		ZEUR I
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.)	rida, if prior to registration.) to determine penalty liability)	HAY 19
7. 600 E. 96th St. Suite 100		
Indianapolis, IN 46240		F STA
	f Principal Office)	ロボー
0 IC1::4.1:.1:4:	annung shaals hana	Þ" □
8. If limited liability company is a manager-managed of	company, check here	
9. The name and usual business addresses of the mana	ging members or managers	are as follows:
Duke/Hulfish, LLC		
600 F 06th St Suite 100		
600 E. 96th St. Suite 100	1844 h	
Indianapolis, IN 46240	···	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submitted.)	is not acceptable. If the certificate	
11. Nature of business or purposes to be conducted or	promoted in Florida: any	and all lawful business
activities as are permitted for limited liab		
DH JACKSONVILLE, LLC, a D	elaware limited liability	
- company		nber.
By: Duke/Hulfish, LLC, a Delaware	limited hability company, its	utes
By: Duke Realty Limited Partn	ership, an Indiana limited	
partnership, its sole membership.	er ion, an Indiana corporation, its	
general partner	1 1	

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 name of the Limited Liability Company is:	
DH Jacksonville, LLC	
If name unavailable, the alternate name to be used in	the state of Florida is:
2. The name and the Florida street address of the reg	istered agent and office are:
CT Corporation System	FM Z
(Nam	9 3 3
1200 South Pine Island Ro	ad Property of the second seco
Florida Street Address (P.O.	
Plantation 33324	IDA DA
City/S	tate/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.

Burnacte McNamara

(Signature) Bernadette McNamara

Assistant Secretary

\$ 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 "DH JACKSONVILLE, 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 FIFTEENTH DAY OF MAY, A.D. 2008.

4544685 8300

080551419

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

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6593301

DATE: 05-15-08