## M08000002395

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EXAMINER





ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: May 20, 2008 ORDER TIME : 10:04 AM ORDER NO. : 578629-005 CUSTOMER NO: 7157078 FOREIGN FILINGS NAME: CENTRUM HILLSBORO, L.L.C. XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Kimberly Moret -- EXT# 2949

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY KINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Centrum Hillsboro, L.L.C.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Claim of Foleign Emined Eleanny Company, must mende Emined Eleanny Company, B.E.C., of Electric
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Illinois  (Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)
company is organized)
4. <u>5/16/08</u> 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 225 W. Hubbard, 4th Floor, Chicago, IL 60610
7. 225 W. Hubbard, 4th Floor, Chicago, IL 60610
7. 225 W. Hubbard, 4th Floor, Chicago, IL 60610
(Street Address of Principal Office)
(Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
John McLinden 225 W. Hubbard, 4th Floor, Chicago, IL 60610
Arthur Slaven 225 W. Hubbard, 4th Floor, Chicago, IL 60610
Mary Koberstein 225. W. Hubbard, 4th Floor, Chicago, IL 60610
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: real estate development
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  John McLinden

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 name of	f the Limited Liability Company is:
Centrum Hill	sboro, L.L.C.
If name unavai	lable, the alternate name to be used in the state of Florida is:
2. The name ar	nd the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street  Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301
	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 pasition as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Solvice Company

(Signature) '

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0252939-4



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CENTRUM HILLSBORO, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 16, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0814102506

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

MAY

A.D.

2008

SECRETARY OF STATE