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J. BRYAN

AUG 21 2008

EXAMINER

**KUTAK ROCK LLP**

**THE OMAHA BUILDING  
1650 FARNAM STREET  
OMAHA, NEBRASKA 68102-2186  
402-346-6000  
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www.kutakrock.com**

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PAMELA S. FLINT  
pamela.flint@kutakrock.com  
402-346-6000

August 19, 2008

**VIA FEDEX**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF CORPORATIONS  
08 AUG 20 AM 11:04

Re: SCI Gateway at Tallahassee Funds 16 through 29, LLC

Dear Sir/Madam:

Enclosed for filing please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (submitted in duplicate), the cover letter and the original certificate of existence for each of the above-referenced limited liability companies. Also enclosed are firm checks in the amount of \$130.00 each to cover the filing fee for application, designation of registered agent fee and a certificate of status fee.

Please return the evidence of filing and the certificates of status to my attention via overnight service. I have enclosed a FedEx prepaid self-addressed envelope for your convenience in returning the evidence. We appreciate your assistance in filing these documents.

If you have any questions regarding this request or need any additional information, please give me a call. Thank you.

Sincerely,

*Pamela S. Flint*

Pamela S. Flint  
Paralegal

psf

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCI Gateway at Tallahassee Fund 16, 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:

Pamela S. Flint, Paralegal

(Name of Person)

Kutak Rock LLP

(Firm/Company)

1650 Farnam Street

(Address)

Omaha, NE 68102

(City/State and Zip Code)

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For further information concerning this matter, please call:

Pamela S. Flint

(Name of Person)

at (402 ) 346-6000 ext. 1810

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

**IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. SCI Gateway at Tallahassee Fund 16, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 14, 2008 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 11620 Wilshire Boulevard, Suite 300  
Los Angeles, CA 90025  
(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:

Iyama Properties, L.P.  
2985 Belden Drive  
Los Angeles, CA 90068

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 translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To acquire and hold interests in real property or a fractional undivided interest therein, and to engage in such other activities relating to or incidental thereto as are necessary to accomplish such purpose.

Pamela S. Flint

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.)

Pamela S. Flint, Authorized Representative for the Member

Typed or printed name of signee

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**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:

SCI Gateway at Tallahassee Fund 16, 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 registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL

33324

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.*

M. T. Fitzpatrick  
(Signature)

M.T. FITZPATRICK  
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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCI GATEWAY AT TALLAHASSEE FUND 16, 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 FOURTEENTH DAY OF AUGUST, A.D. 2008.

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DIVISION OF CORPORATIONS  
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6792260

DATE: 08-14-08