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EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 786050 4304417

AUTHORIZATION _

COST LIMIT

ORDER DATE: November 7, 2008

ORDER TIME : 9:21 AM

ORDER NO. : 786050-005

CUSTOMER NO: 4304417

FOREIGN FILINGS

NAME: MIAMI NW 17TH AND NW 119TH LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER:

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:

1. MIAMI NW 17TH AN	D NW 119TH LLC	e "Limited Liability Company," "L	
(Name of Foreign Limited L	iability Company; must include	e "Limited Liability Company," "L	L.C.," or "LLC.")
(If name unavailable, enter alternate consent of the managers or managir Company," "L.L.C.," "LLC.")			
_{2.} ILLINOIS	3.	26-3675653	
(Jurisdiction under the law of wh company is organized)	ich foreign limited liability	(FEI number, if ap	oplicable)
4. 11/7/08		PERPETUAL	
(Date of Organiza	tion)	(Duration: Year limited liability exist or "perpetual")	company will cease to
6 UPON REGISTRATIO	ON	`.	4 0
(Date f	irst transacted business in Flori ions 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	E E
7. 191 N. WACKER DR	, STE. 1800		10000000000000000000000000000000000000
CHICAGO, IL 60606			SEE 3
	(Street Address of	Principal Office)	20 5
8. If limited liability company	v is a manager-managed co	ompany, check here 🔀	OFFICE TO
9. The name and usual busine	ess addresses of the manag	ing members or managers ar	re as follows:
NICK STRATIGAKE	S		
C/O GLENN TAXMA	N, 191 N. WACKER	DR., STE. 1800	
CHICAGO, IL 60606			
10. Attached is an original certificate of the jurisdiction under the law of which translation of the certificate under oath	h it is organized. (A photocopy i	s not acceptable. If the certificate is it	
11. Nature of business or purp	ooses to be conducted or p	promoted in Florida:	5.00
OWN, MANAGE, AN	D SELL REAL ESTA	TE	5
	my z	agel	10 EE
(In accord an affirm	ance with section 608.408(3), F.S.	orized representative of a me, the execution of this document const that the facts stated herein are true.) JTHORIZED REP.	
	Typed or printed n	ame of signee	<u> </u>

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:
MIAMI NW	7TH AND NW 119TH LLC
If name unavaila	able, the alternate name to be used in the state of Florida is:
2. The name and	d 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 position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

BY: Solution Service Company

(Signature)

Joyce L. Markley as its agent

\$ 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

0263199-7



To all to whom these Presents Shall Come, Greeting:

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

MIAMI NW 17TH AND NW 119TH LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 07, 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 #: 0831202076
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 7TH

day of N

NOVEMBER

A.D.

2008

Desse White

SECRETARY OF STATE