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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR
JUL 2 7 2009
EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: July 24, 2009

ORDER TIME : 3:46 PM

ORDER NO. : 077063-020

CUSTOMER NO: 7468676

#### FOREIGN FILINGS

NAME: FR ORLANDO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

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:

LIMITED LIABILITY COMPANY TO TRANSAC	IT BUSINESS IN THE STATE OF FLORIDA:
1. FR Orlando, LLC	
(Name of Foreign Limited Liability	Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name a consent of the managers or managing memb Company," "L.L.C.," "LLC.")	dopted for the purpose of transacting business in Florida and attach a copy of the written pers adopting the alternate name. The alternate name must include "Limited Liability
2. Delaware	3. Applied For
(Jurisdiction under the law of which forei company is organized)	ign limited liability (FEI number, if applicable)
4. July 24, 2009	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease of exist or "perpetual")
6. <u>N/A</u>	
(Date first trans (See sections 608	sacted business in Florida, if prior to registration.) 3.501 & 608.502 F.S. to determine penalty liability)
7. 311 South Wacker Drive, Su	ite 4000
Chicago, IL 60606	To The state of th
	(Street Address of Principal Office)
8. If limited liability company is a m	anager-managed company, check here
9. The name and usual business addr	resses of the managing members or managers are as follows:
	al, L.P., 311 South Wacker Drive, Suite 4000
Chicago, IL 60606	
10. Attached is an original certificate of existen the jurisdiction under the law of which it is orgonal translation of the certificate under oath of the translation.	ice, no more than 90 days old, duly authenticated by the official having custody of records in anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslator must be submitted.)
11. Nature of business or purposes to	be conducted or promoted in Florida: Acquisition and
disposition of real estate.	
(In accordance with	member or an authorized representative of a member. section 608.408(3), F.S., the execution of this document constitutes or the penalties of perjury that the facts stated 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.

1. The name of the	he Limited Liability Company is:			
FR Orlando, Ll	LC			
If name unavailab	ble, the alternate name to be used in th	e state of Florida is:		
2. The name and	the Florida street address of the regis	tered agent and office are:		
Corporation Service Company				
_	(Name)	Address of the State of the Sta		
1	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
<u> 1</u>	Tallahassee FI	32301		
_	City/Stat	e/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:

(Signature)

Sue G. Knight 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)

## Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FR ORLANDO, 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FR ORLANDO, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4713424 8300

090727757

AUTHENTY CATION: 7439377

DATE: 07-27-09

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