Page 1 of 2

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company Inland Diversified Port St Lucie Landing II, L.L.C.

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$125.00	

https://efile.sunbiz.org/scripts/efilcovr.exe

MAY 1 4 2010

5/13/2010

COVER LETTER

SUBJECT:	Inland Div	ersified Port St Lucie Landing II, L.L.C.
		Name of Limited Liability Company
The enclosed "Applicat Existence, and check at	ion by Foreign Limited e submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florid
Please return all corresp	ondence concerning thi	is matter to the following:
·····		Name of Person
		Firm/Company
		Address
	A CONTRACT OF THE CONTRACT OF	City/State and Zip Code
		newell@inlandgroup.com
		ss: (to be used for future annual report notification)
For further information	concerning this matter, p	please call:
		at ()
<u> </u>	Nume of Person	Area Code & Daytime Telephone Number
MAILING AD Division of Con Registration Se P.O. Box 6327 Tallahassee, FL	rporations ction	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check	for the following arr	nount:
\$125.00 Fili		iling Fee & \$155,00 Filing Fee & \$160.00 Filing Fee, Certificate te of Status Certified Copy

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 BUSINESS IN THE STATE OF FLORIDA: Inland Diversified Port St Lucie Landing II, L.L.C. (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.") 27-2561664 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) May 11, 2010 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 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. 2901 Butterfield Road Oak Brook, IL. 60523 (Street Address of Principal Office) ഗ 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: Inland Diversified Real Estate Trust, Inc., a Maryland corporation, its sole member 2901 Butterfield Road Oak Brook, IL 60523 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody 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.) Real estate activities 11. Nature of business or purposes to be conducted or promoted in Florida: Inland Diversified Port St Lucie Landing II, L.L.C., a Delaware limited liability company Inland Diversified Real Estate Trust, Inc., a Maryland corporation, its sole member Caro! M. Hottmann Its: Assistant Secretary Name:

1/LOST - GLORISCOU C'T SYNEW CANEE

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 Lin	nited Liability Comp	pany is:	
	Inland Diversified	Port St Lucie Lunding II, L.L.C.	
If unavailable, the alter	nate to be used in th	e state of Florida is:	
2. The name and the Fi	orida street address	of the registered agent and office are:	SEVERE I
	C1	Corporation System	」 認知 口
		(Name)	SEPA Z
	1200	South Pine Island Road	M 7: 56 F STATE
	Florida Street Add	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	56 ATE ARIDA
	Plantation	FL 33324	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City/State/Zip	•••
liability company at the pagent and agree to act in relating to the proper an obligations of myposition CYL orporated. By:	olace designated in this capacity. I furth this capacity. I furth discomplete performant as registered agenth System Chris	to accept service of process for the above shis certificate. I hereby accept the appoint the agree to comply with the provisions of ance of my duties, and I am familiar with a stas provided for in Chapter 608, Florida S	ment as registered Call statutes nd accept the
	\$ 100.00	Filing Fee for Application	
	\$ 25.00		
	\$ 30.00 \$ 5.00	• • • •	
	\$ 5.00	Certificate of Status (obitonal)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "INLAND DIVERSIFIED PORT ST LUCIE LANDING II, L.L.C." 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 TWELFTH DAY OF MAY, A.D. 2010.

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

4822682 8300

100494453

You may verify this certificate online at corp.deleware.gov/authvez.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7988776

DATE: 05-12-10