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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	•	

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

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

G. MCLEOD

MAY 14 2010

EXAMINER

COVER LETTER

Division of Co	orporations	
SUBJECT:	Inland Di	iversified Port St Lucie Square, L.L.C.
		Name of Limited Liability Company
The enclosed "Applicat Existence, and check as	tion by Foreign Limited re submitted to register th	Liability Company for Authorization to Transact Business in Florida,* Certificate he above referenced foreign limited liability company to transact business in Florida.
Please return all corresp	pondence concerning this	s matter to the following:
		Name of Person
Physics, who gail		
		Firm/Company
PT		Address
Web Company A.A.		City/State and Zip Code
		newell@inlandgroup.com
	E-mail addres	s: (to be used for future annual report notification)
For further information	concerning this matter, p	lidese call:
	Name of Person	at () Area Code & Daytime Telephone Number
MAILING AL Division of Co		STREET ADDRESS: Division of Corporations
Registration Se P.O. Box 6327		Registration Section Clifton Building
Tullahassee, FL	. 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check	for the following am	nount:
\$125,00 Fili		iling Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate te of Status & Certified Copy

TO:

Registration Section

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.	Inland (Nume of Foreign Limited Liability Con-	Diversified Port St Luc mpany; must include "Li	ie Square, L.L.C.	iny," "L.L.C.," or "LLC.")	_
00	fname unavailable, enter alternate name adoptions of the managers or managing members ompany," "L.L.C." "LLC.")	oted for the purpose of the adopting the alternate n	ansacting business in ame. The alternate nar	Florida and attach a copy of ne must include "Limited Li	the written ability
2.	Delaware	3	27-	2561468	
Ĭ	(Jurisdiction under the law of which foreign company is organized)	limited liability	27- (FEI numbe	er, if applicable)	
4.	May 11, 2010	5.	f,	crpetual	
•	(Date of Organization)	(E	uration: Year limited i ist or "perpetual")	liability company will cease	lo
6	Upon filing				
υ.	(Date first transact	ed business in Florida, it	prior to registration.) rmine penalty liability	<i>i</i>)	
7.	2901 Butterfield Road				10 MAY 13
	Oak Brook, IL 60523				¥
		(Street Address of Prin	cipal Office)		~~
				-	ယ
8.	If limited liability company is a man	ager-managed comp	any, check here		3
0	The name and usual business address	ees of the managing	menthers or manac	ters are as follows:	
<i>3</i> .	the name and usual business address	See of the managing	monitoers or manag	3018 010 03 10110 114.	بې
	Inland Diversified Real Estate Trust, Inc.,	Maryland corporation,	its sole member		_ =
	2901 Butterfield Road				
	Oak Brook, IL 60523				
he.	Attached is an original certificate of existence, jurisdiction under the law of which it is organication of the certificate under oath of the trans	zed. (A photocopy is not			
11.	. Nature of business or purposes to be	conducted or prom	oted in Florida:	Real estate activities	
	Inland Diversified Port St Lucie a Delaware limited liability con				
	By: Inland Diversified Real a Maryland corporation,				
	By: Carol M. Hol Name: Assistant Se	rmann cretary			

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.

. The name of the Limited Liability Company is: Inland Diversified Port St Lucie Square, L.L.C.	
f unavailable, the alternate to be used in the state of Florida is:	
. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	
(Name)	
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.

By: (Signature)

Chris McNeair
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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INLAND DIVERSIFIED PORT ST LUCIE SQUARE, 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.

1822359 8300

100494450

AUTHENTICATION: 7988771

DATE: 05-12-10

You may verify this contificate onling at come delaware confidence of the control of the control