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OSFARTEREN OF STATE DIVISION OF CORPORATIO TALLAHASSEE, FLORID,

O SED SO BHILL

B. KOHR

SEP. 3 0 2010

**EXAMINER** 



ACCOUNT NO. : I2000000195 REFERENCE : 521851 7454283 AUTHORIZATION : COST LIMIT ORDER DATE: September 27, 2010 ORDER TIME : 3:01 PM ORDER NO. : 521851-050 CUSTOMER NO: 7454283 FOREIGN FILINGS NAME: BH-AW HIALEAH, 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:

::::::::::::::::::::::::::::::::::::::		" 1111	BITTLE OF TEXTILETI.		
1. BH-AW Hiale	ah, LLC				
(Name of Foreig	gn Limited Liability Company; m	ust inclu	de "Limited Liability Compan	y," "L.L.C.," or "LL	C.")
			•		
(If name unavailable e	nter alternate name adopted for th	le purpo	e of transacting business in Fl	orida and attach a co	ny of the writte
	s or managing members adopting				
Company," "L.L.C.," "	LLC.")				·
2. Delaware		_			وء
/Inriediction under th	he law of which foreign limited lis	ability	( FEI number,	if applicable)	<u> </u>
company is organize		aomity	( 1 Et number,	, п аррпоастој	S OS
4. 09/27/2010		_	Perpetual		10 SEP Gease to B
	of Organization)	5	(Duration: Year limited lie	shility company will	cease to
(Baile	o. organización)		exist or "perpetual")	tomy bompany was	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
					면
6	(Date first transacted busine	ss in Flo	rida if prior to registration		
	(Date first transacted busine (See sections 608,501 & 608.5	502 F.S.	to determine penalty liability)		***
7 15601 Dallas	Parkway, Suite 600				10 SEP &B PH 4: 55
7.	, , , , , , , , , , , , , , , , , , , ,				
Addison, TX	75001				
		ddress	of Principal Office)	······································	
	•		•		
8. If limited liabilit	ty company is a manager-ma	naged	company, check here		
9. The name and us	sual business addresses of th	e mana	ging members or manage	ers are as follows:	
DII AW Flori	ida MOB Venture, LLC,	1560	1 Dollas Plena, Sta 60	O Addison TY	Z 75001
DII-AW FION	ida MOB Venture, LLC,	, 1300	Dallas FRWy, Sie 00	o, Addison, 17	73001
~					
10 Attached is an origin	al certificate of existence, no more t	hon 00 d	and old duly purthentioated by th	e official having and	och of moonle in
	allow of which it is organized. (A pl				
	ate under oath of the translator must			me man or roreign mang	,ungu, u
			•		
11. Nature of busin	ess or purposes to be conduc	cted or	promoted in Florida: Re	eal Estate	
	or purpose of or community	-,00			
	-				
	BH-AW Florida MOB Venti	ure, LLC	, Managing Member		
		<del></del>	<del></del> ,		
	Signature of a member or	an aut	norized representative of	a member.	
_	(In accordance with section 608.4)	08(3), F.	., the execution of this document	constitutes	
	an affirmation under the penalties		•	rue.}	
	Gerald J. Reihsen, III				
	Typed or p	rinted	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	f the Limited Liability Company is:
BH-AW Hial	eah, LLC
If name unavail	lable, the alternate name to be used in the state of Florida is:
2. The name ar	nd 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 . <sub>FL</sub> 32301
	City/State/Zip
liability company agent and agree relating to the probligations of my Corporation S	med as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes roper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.  Service Company  (Signature)  Doria L. Priebe, Assistant VP
	\$ 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 "BH-AW HIALEAH, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BH-AW HIALEAH, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2010.

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

4877069 8300

100947618

AUTHENT CATION: 8255265

DATE: 09-28-10

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