M10000004515

(Requestor's Name)				
(Address)				
• (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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10 OCT 13 PM 3: 18

OFFICE OF STATE

OFF

B. KOHR
OCT 1 3 2010

EXAMINER

DIVISION OF CORPORATION

10 OCT 13 PM 3-25



1203 Governors Square Blvd.
 Tallahassee, FL 32301-2960

850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

October 13, 2010

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 10 OCT 13 PM 3: 19

UNISON OF CONTROLLING
UN

Re:

Order #: 7967868 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Inland Diversified Fort Myers Colonial Square, L.L.C. (DE) Registration Florida

Inland Diversified Fort Myers Village Walk, L.L.C. (DE) Registration Florida

Inland Diversified Fort Myers Colonial Square, L.L.C. (DE) Certificate of Status-Foreign Florida

Inland Diversified Fort Myers Village Walk, L.L.C. (DE) Certificate of Status-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

1 8 LD



1203 Governors Square Blvd.
 Tallahassee, FL 32301-2960

850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

Sincerely,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

COVER LETTER

TO:	Registration Section Division of Corporations		100	
SUBJE	CCT: Inland Diversified Fort Myers Colo	nial Square, L.L.C.	ζ,	
		me of Limited Liability Company	y	
	closed "Application by Foreign Limited Lia ce, and check are submitted to register the a			
Please	return all correspondence concerning this m	natter to the following:		
		Name of Person		
		Firm/Company		
City/State and Zip Code				
	newell@inlandgroup.com			
	E-mail address: (to be used for future annual repo	rt notification)	
For fur	her information concerning this matter, plea	ase call:		
	Name of Person	at () Area Code & Daytime Tele	enhone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	sed is a check for the following amount of the followi	ee & \$\Bigcap\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

TRANSACT BUSIN	IESS IN FLORIDA				
IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST					
1. Inland Diversified Fort Myers Colonial Square, 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 consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the writte				
2. Delaware	27-3651696.				
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
4. October 12, 2010 5.	Perpetual.				
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")				
6 Upon filing.					
(Date first transacted business in Florid	da, if prior to registration.)				
(See sections 608.501 & 608.502 F.S. to	determine penalty hability)				
7. 2901 Butterfield Road					
Oak Brook, Illinois 60523					
(Street Address of	Principal Office)				
O TOUR TO LINAME.					
8. If limited liability company is a manager-managed co	ompany, check here				
9. The name and usual business addresses of the manag	ing members or managers are as follows:				
Inland Diversified Real Estate Trust, Inc., a Maryland corporation, its sole member					
2901 Butterfield Road					
Oak Brook, Illinois 60523					
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submitted.)	s not acceptable. If the certificate is in a foreign language, a				
	•				
11. Nature of business or purposes to be conducted or p					
Inland Diversified Fort Myers Colonial Square, L.L.C. By: Inland Diversified Real Estate Trust, Inc., a M					
By and a tops	Dated: October 12, 2010				
Carol M. Hoffmann, Assistant Secreta	nry				
(In accordance with section 608.408(3), F.S., the execution	on of this document constitutes an affirmation under the I am aware that any false information submitted in a				
	third degree felony as provided for in s.817.155, F.S.)				

FL057 - 10/05/2010 C T System Online

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	ne of the Limited Liability Company is:	
Inland Dive	iversified Fort Myers Colonial Square, L.L.C.	
If unavailable	ole, the alternate to be used in the state of Florida is:	
2. The name	ne and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	
	City/State/Zip	
liability comp agent and agr relating to the	n named as registered agent and to accept service of process for the above stated limpany at the place designated in this certificate, I hereby accept the appointment as regree to act in this capacity. I further agree to comply with the provisions of all status the proper and complete performance of my duties, and I am familiar with and accept of my position as registered agent as provided for in Chapter 608, Florida Statutes. C T Corporation System By: (Signature) \$ 100.00 Filing Fee for Application	egistered tes

\$ 25.00 Designation of Registered Agent **Certified Copy (optional)**

Certificate of Status (optional)

\$ 30.00

\$ 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INLAND DIVERSIFIED FORT MYERS
COLONIAL 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
THIRTEENTH DAY OF OCTOBER, A.D. 2010.

4883546 8300

100987514

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 8284611

DATE: 10-13-10

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