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To

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

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#### Foreign Limited Liability Company PR II lvy Investor LLC

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Help J. BRYAN

JUN 29 2012

#### COYER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PR II ivy Investor	LLC	
	Name of Limited Liability Company	
Existence, and check are submitted to regist	ted Liability Company for Authorization to Transact Business in Flo for the above referenced foreign limited liability company to transact	orida," Certificate of business in Fiorida
Please return all correspondence concerning	g this matter to the following:	
Glenn D. Forcucci		<del>_</del>
	Name of Person	_
Lewis and Roca LLF	ခ	
	Firm/Company	<del></del>
40 N. Central Aver	nue	<del></del>
<del>***</del>	Address	7A1
Phoenix, Arizona 8	5004-4429	FILEU SECRETARY OF STALLAHASSEE, FI
<del></del>	City/State and Zip Code	28 L
keliy.amigo@prud	dential.com	Sign I
E-mail ad	idress: (to be used for future annual report notification)	
For further information concerning this mat	itor, please call:	8: 42 FLORIDE
Glenn D. Forcucci	at (602 ) 262-5308	がるる
Name of Person	Area Code & Daytime Telephone Number	,
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahaasee, FL 32301	
	g amount: Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Co le of Status Certified Copy of Status & Certified	

# 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:

1. PR II Ivy Investor LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.")
(If name unavailable, onter 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 afternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC,")
2. Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  3. N/A  (FEI number, if applicable)
4. 06/28/2012  (Date of Organization)  5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 7 Giralda Farms
Madison, New Jersey 07940
(Street Address of Principal Office)
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:
The Prudential Insurance Company of America
7 Giralda Farms
Madison, New Jersey 07940
10. Attached is an original certificate of existence, no more from 90 days old, duly authenticated by the official having custody 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida;
indirect ownership of real estate
Glern D. Forcucci
Signature of a member or an authorized representative of a member.
(In accordance with section 602.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a 817.155, P.S.)
Glenn D. Forcucci, Authorized Person
Typed or printed name of signee

PAGE 03/05

2949889.1

## 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.

	e of the Limited Liability Co. y Investor LLC	mpany is:		_	
If unavailab	ole, the alternate to be used in	the state of Florida is:			
2. The name	e and the Florida street addre	ess of the registered agent and c	office are:		
	C T Corporation Syste	em		4 123	
		(Name)	JI	2012 JUN 28 SECRETARY	-71
	1200 South Pine Isl	land Road	•	野夏	TIT
	Florida Street	Address (P.O. Box NOT ACCEPTABL	A)	SSE VRY SSE VRY	I
	Plantation	FL 33324		E.FLS	
		City/State/Zip		STATE - 8: 42	
liability comp agent and ag relating to th	pany at the place designated it gree to act in this capacity. If we proper and complete perfor of my position as registered ag	ignature)	nt the appointment a provisions of all sta unillar with and acci 608, Florida Statute:	imited s registered tutes ept the	

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

DACK '

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARS, DO HEREBY CERTIFY "PR II IVY INVESTOR 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 JUNE, A.D. 2012.

2012 JUN 28 AM 8: 42
SECRETARY OF STATE

5176737 8300

120786491

You may varify this certificate enline at corp. delevere.gov/authver.shtml

AUTHENTICATION: 9676547

DATE: 06-28-12