| (Requestor's Name) |
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| (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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C. LEWIS JUL 2 4 2012 **EXAMINER**



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REFERENCE : 28

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AUTHORIZATION

COST LIMIT : \$ 160.00

ORDER DATE : July 23, 2012

ORDER TIME : 3:53 PM

ORDER NO. : 285309-005

CUSTOMER NO: 7224141

FOREIGN FILINGS

NAME: SKIDMORE, OWINGS & MERRILL

FLORIDA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

COVER LETTER

| | ration Section on of Corporations | | |
|-------------------------------|---|---|--|
| SUBJECT: SI | kidmore, Owings & Merrill F | | |
| | Na | me of Limited Liability Company | |
| | | bility Company for Authorization to Transact Business in Florida," Certifical above referenced foreign limited liability company to transact business in Florida. | |
| Please return al | correspondence concerning this m | atter to the following: | |
| | Linda E. Deutsch | | |
| | | Name of Person | |
| | Skidmore, Owings & Merri | | |
| | | Firm/Company | |
| | 14 Wall Street | | |
| | | Address | |
| | New York, NY 10005 | | |
| | | City/State and Zip Code | |
| | linda.deutsch@som.com | | |
| | E-mail address: (| to be used for future annual report notification) | |
| For further infor | mation concerning this matter, plea | se call: | |
| Linda | a E. Deutsch | at (212) 298-9766 Area Code & Daytime Telephone Number | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| Divisio Registr P.O. Bo | ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| | check for the following amou Filing Fee \$130.00 Filing Fe Certificate of Sta | te & [\$155.00 Filing Fee & [\$160.00 Filing Fee, Certificate | |

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 Skidmore, Owings & Merrill Florida LLC | |
|--|---|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company) | Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting busine consent of the managers or managing members adopting the alternate name. The alternate Company," "L.L.C," "LLC.") | |
| 2. Delaware 3. 46-0558622 | |
| (Jurisdiction under the law of which foreign limited liability (FEI n company is organized) | umber, if applicable) |
| 4, 07/02/12 5, Perpetual | |
| (Date of Organization) (Duration: Year line exist or "perpetual" | nited liability company will cease to ") |
| 6 | |
| (Date first transacted business in Florida, if prior to registra (See sections 608.501 & 608.502 F.S. to determine penalty li | tion.) ability) |
| 7. 14 Wall Street, New York, NY 10005 | 23 |
| | SEE SEE |
| (Street Address of Principal Office) | |
| 0. 701. 1. 11.110. | 2 5 6 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| 8. If limited liability company is a manager-managed company, check he | |
| 9. The name and usual business addresses of the managing members or n | nanagers are as follows: |
| | 3 |
| Please see attachment. | |
| | |
| | |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticat | ed 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 | - · |
| translation of the certificate under oath of the translator must be submitted.) | . . |
| 11. Nature of business or purposes to be conducted or promoted in Florid | a: To Practice Architecture, |
| Engineering, Interiors & Pannag. | |
| | · |
| Signature of a member or an authorized representat | ive of a member. |
| (In accordance with section 608.408(3), F.S., the execution of this document con | |
| penalties of perjury that the facts stated herein are true. I am aware that any fi document to the Department of State constitutes a third degree felony a | |
| Ted J. Gottesdiener | 5 pro-riabilitot in 3.017,122, 1.0.) |
| Typed or printed name of signee | |

Attachment to No. 9, The name and usual business address of the managing members or managers are as follows:

SOM Florida LLC

Mr. Ted J. Gottesdiener - President Skidmore, Owings & Merrill LLP 14 Wall Street New York, New York 10005

Mr. William F. Baker – Vice President Skidmore, Owings & Merrill LLP 224 South Michigan Avenue, Suite 1000 Chicago, Illinois 60604

Mr. Stephen A. Apking - Treasurer Skidmore, Owings & Merrill LLP 14 Wall Street New York, New York 10005

Mr. Gary P. Haney – Vice President Skidmore, Owings & Merrill LLP 14 Wall Street New York, NY 10005

Mr. Craig W. Hartman – Vice President Skidmore, Owings & Merrill LLP 1 Front Street, Suite 2400 San Francisco, California 94111

Mr. Jeffrey J. McCarthy - Secretary Skidmore, Owings & Merrill LLP 224 South Michigan Avenue, Suite 1000 Chicago, Illinois 60604

Mr. Richard F. Tomlinson – Vice President Skidmore, Owings & Merrill LLP 224 South Michigan Avenue, Suite 1000 Chicago, Illinois 60604 12 JUL 23 AM 9: 53
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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 Limited Liability Company is: | |
|--|---------------------------------------|
| Skidmore, Owings & Merrill Florida LLC | · · · · · · · · · · · · · · · · · · · |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | 22 JU 18EGR |
| Corporation Service Company | L 23 |
| (Name) | |
| 1201 Hays Street | STI STI |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | S3 |
| Tallahassee FL 32301 | , |
| 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.

Corporation Service Company

By: Stephanie William Ast. Vit

\$ 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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SKIDMORE, OWINGS & MERRILL FLORIDA
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 NINETEENTH DAY OF JULY,
A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKIDMORE,
OWINGS & MERRILL FLORIDA LLC" WAS FORMED ON THE SECOND DAY OF
JULY, A.D. 2012.

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

5178575 8300

120851628

AUTHENTICATION: 9720553

DATE: 07-19-12

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