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#### **COVER LETTER**

SUBJECT: Colliers International USA, LLC	
Nam	ne of Limited Liability Company
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	Name of Limited Liability Company  a by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ubmitted to register the above referenced foreign limited liability company to transact business in Florida  dence concerning this matter to the following:  Sadej  Name of Person  e & Associates  Firm/Company  ospect Street  Address  dge, MA 02139  City/State and Zip Code  crranteandassociates.com  E-mail address: (to be used for future annual report notification)  necerning this matter, please call:  at (617 ) 868-5000 × 22 \ Name of Person  Area Code & Daytime Telephone Number  RESS:  STREET ADDRESS:  Division of Corporations
Please return all correspondence concerning this mat	rter to the following:
Kasia Sadej	
	Name of Person
Ferrante & Associates	
	Firm/Company
126 Prospect Street	<u></u>
	Address
Cambridge, MA 02139	
	City/State and Zip Code
kks@ferranteandassociates.co	
·	•
For further information concerning this matter, pleas	e call:
Kasia Sadej	
	•
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations
Enclosed is a check for the following amour  \$125.00 Filing Fee \$\int\\$130.00 Filing Fee  Certificate of State	& X\$155.00 Filing Fee & S160.00 Filing Fee, Certificate

### 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:

Colliers International USA, LLC
(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 of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
Company, "L.L.C." "LLC.")
2. Delaware 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 09/08/2011 5. perpetual
(Date of Organization)  (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. 601 Union Street, Suite 4800
Scattle WA 98101
(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:
Dylan E. Taylor, Manager, 601 Union St. Ste 4800, Scattle WA 98101
Daniel L. Spiegel. Manager, 6250 N. River Rd, Ste 11-100, Rosemont IL 60018
10. Attraction of a spiritual and Continuous and the condition and the spiritual and
10. Attached is an original certificate of existence, no more than 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 onth of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Real estate brokerage, sales, rentals, management and other related services
Do-1-8/
Signature of a member of an authorized representative of a member.
(In accordance with section 608.408(3), 1/2., 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 felony as provided for in s.817.155, F.S.)
Daniel L. Spiegel, Manager
Typed or printed 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.

	Colliers International USA, LLC					
If unavailable, the alternate to be used in the state of Florida is:						
2. The name	and the Florida street addre	ess of the registered agent and office are:	· · · · · · · · · · · · · · · · · · ·			
	Corporation Service Cor	npany				
		(Name)	-			
	1201 Hays Street					
		Address (P.O. Box NOT ACCEPTABLE)	-			
	Tallahassee	FL 32301				
	1 attailassee	FL J-50.				

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

(Signature)

Maria Long Asst. Sec.

\$ 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 "COLLIERS INTERNATIONAL USA, 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 FIFTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLIERS INTERNATIONAL USA, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5035108 8300

121297858

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 0036572\)

DATE: 12-05-12

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