Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | Account Name Account Number Phone Fax Number | : FCA0000000 | 23 092 | 1 | S.T. | 00 |
| | l address for the cort mailings. En | | | | SECRE | 13 JAN -3 |
| , | • | ited Liability rk Apartment | | | FT3 ** | JAN -3 PH 12: 4 |
| | Certificate of Status Certified Copy | S . | 0 | | IDA A | ŧ9 |

Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/3/2013

CR2E027 (9/10)

COVER LETTER

| | Bishop Park Apart | ments, LLC | | | | |
|---------------|--|-----------------------------|--|----------------------------|------------------------------|--|
| | | Name of | Limited Liability Company | | | |
| | | | ompany for Authorization to T | | | |
| Existence, an | d check are submitt | ed to register the above re | eferenced foreign limited liabili | ity company to transact be | siness in Florid | M |
| Please retarn | all correspondence | concerning this matter to | the following: | | | |
| | Michelle LaPel | le | | | | |
| | | | Name of Person | | - | |
| | c/o Equity Resi | dential | | | | |
| | | | Firm/Company | , | | |
| | Two North Riv | erside Plaza, Suite 400 | | | A . |) |
| | -, - <u></u> | | Address | | | 5 • • • • • • • • • • • • • • • • • • • |
| | Chicago, Illino | s 60606 | | | SECRETARY ALLAHASSE | trans |
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| ror natner in | formation concernit | g this matter, please call: | | | *) | |
| Mic | helle LaPelle | | at (312) 928-84 | 163 | | |
| | Name | of Person A | rea Code & Daytine Telephon | e Number | - | |
| Divi Regi | LING ADDRESS: sion of Corporation stration Section Box 6327 | Divi | EET ADDRESS: sion of Corporations stration Section on Building | | | |
| , Talla | hassee, FL 32314 | 2661 | Executive Center Circle shaesee, FL 32301 | | | |
| | a check for the t 25.00 Filing Fee | Talls following amount: | • | □ \$160.00 Filing Fee, | Certificate. | |

FL057 - 12/03/2012 Walten Kluwer Ordhir

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.

| (If | f name unavailable, enter alternate name adopted for the purpose of transact | ting business in Florids and attach a copy of the w | ritten |
|-----|---|--|---------|
| ÇO | onsent of the managers or managing members adopting the afternate name. Tompany," "L.L.C," "L.C.") | The alternate name must include "Limited Liability | 1 |
| | Delaware | | |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | |
| 4. | December 21, 2012 5 Perpetual | | |
| • | (Date of Organization) (Duratio | on: Year limited liability company will cease to "perpetual") | |
| 6. | (Date first transacted business in Florida, if prior | to registration) | |
| | | e penalty liability) | |
| 7. | Two North Riverside Plaza, Suite 400, Chicago, Illinois 60606 | | |
| | | · ALC | 2013 |
| | (Street Address of Principal (| Office) | JÁN |
| 8, | If limited liability company is a manager-managed company, or | mi-< | ا دی |
| 9, | The name and usual business addresses of the managing mem | Γ |]; |
| | ERP Operating Limited Partnership Two North River | rside Plaza, Suite 400, Chicago, Illinois 60696 | 12:0 |
| | | 3.5 | O |
| | | | |
| | | | |
| the | Attached is an original certificate of existence, no more than 90 days old, duly ejurisdiction under the law of which it is organized. (A photocopy is not accep astation of the certificate under oath of the translator must be submitted.) | y authenticated by the official having custody of recontable. If the certificate is in a foreign language, a | onds in |
| 11. | . Nature of business or purposes to be conducted or promoted | in Florida: All lawful purposes including, | |
| | but not limited to, real estate. | | |
| • | [7] | the control of | |
| | | | |
| | Signature of a member or an authorized rep | | |
| | (In accordance with section 608 408/3) P.S. the execution of this do | Character to the second for the second secon | |
| | (In accordance with section 608.408(3), F.S., the execution of this dopenalties of perjury that the facts stated herein are true. I am aware document to the Department of State constitutes a third degree | that any false information submitted in a | |

PL017 - 12/83/2012 Wullcop Kilywor Califae

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.

| T6 '11.1. | | | |
|-----------------|-----------------------------|--|---|
| If unavailable, | the alternate to be used to | in the state of Florida is: | |
| 2. The name to | nd the Florida street add | lress of the registered agent and office are: | <u></u> |
| 2. The name at | d die Fiorida street add | Tess of tile registered agent and office are: | |
| | • | C T Corporation System | • |
| | | (Name) | 20 SE |
| | | 1200 South Pine Island Road | 2018 JAH SECRETA |
| | | | |
| | Florida Stree | et Address (P.O. Box NOT ACCEPTABLE) | Sign |
| | Florida Stree | et Address (P.O. Box NOT ACCEPTABLE) FL 33324 | IN -3 AH 12: OC TARY OF STATE ASSEE FLORIDA |

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.

CT Corporation System Connie Bryan

By: Carporation System

Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FLu37 - 12/03/2012 Westion Klawer Ordine

Comments of the comments of th

Delaware

DB/217

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BISHOP PARK APARTMENTS, 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 THIRD DAY OF JANUARY, A.D. 2013.

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

5264254 8300

130007646

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

AUTHENTICATION: 0113267

DATE: 01-03-13