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| Special Instructions to F | filing Officer: | |
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Office Use Only



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LT Greeration System

February 12, 2014

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9040083 SO

Customer Reference 1:

IREIT North Hills Square

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Inland National Real Estate Services, LLC (DE) Registration Florida

Inland National Real Estate Services, LLC (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.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO:

Registration Section

| Divisi | on of Corporation | S | | | | | | | | |
|----------------------------|---|---|--|---|-----------------|--------------|-------------|---------------------------|------------------|--|
| SUBJECT: | Inland National Re | cal Estate Services, | LLC | | | | | | | |
| | | Name o | of Limite | d Liability Cor | npany | | | | | |
| | | eign Limited Liabili d to register the abo | | | | | | | | |
| Please return al | II correspondence c | oncerning this matte | er to the | following: | | | | | | |
| | Kathi Newell, F | aralegal | | | | | | | | |
| | | | N | ame of Person | | | | | | |
| | The Inland Real | Estate Group, Inc. | | | | | | | | |
| | | | Fi | rm/Company | | | | | | |
| | 2901 Butterfield | Road | | | | | | | | |
| | | | | Address | | | | | | |
| | Oak Brook, Illin | ois 60523 | | | | | | : | | |
| | | | City/St | tate and Zip Co | ode | | | | | |
| | newell@inlandgi | | | | | | | ີກ* | <u></u> | |
| | | E-mail address: (t | o be usec | for future ann | ual repo | ort notifica | tion) | | د. | |
| For further info | ormation concerning | g this matter, please | call: | | | | | | ** 31 *** | |
| Kathi | Newell | | | at (630 | ١ | 218-800 | 0 | ! | . 9 .0 | |
| | Name o | f Contact Person | | Area | Code | Day | time Telepl | ione Numb | | |
| Divisi Regist P.O. E | ung ADDRESS: on of Corporations tration Section Box 6327 hassee, FL 32314 | | Division Registra Clifton 2661 Ex | T ADDRESS n of Corporat ation Section Building secutive Cent ssee, FL 3230 | ions er Circ | le | | | | |
| | a check for the f 25.00 Filing Fee | ollowing amount \$130.00 Filing! Certificate of S | Fee & | □ \$155.00 Certifie | | | | 00 Filing F tus & Cert | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Inland National Real Estate Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C" | " or "LLC.") |
|---|------------------------------|
| | |
| name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate bility Company," "L.L.C," or "LLC,") | e name must include "Limited |
| Delaware 3, 80-0855174 | |
| Jurisdiction under the law of which foreign limited liability (FEI number, if app company is organized) | licable) |
| Upon filing. | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| 2901 Butterfield Road | |
| Oak Brook, Illinois 60523 | |
| (Street Address of Principal Office) | · 5 5 |
| 2901 Butterfield Road | |
| Oak Brook, Illinois 60523 | 19 |
| (Mailing Address) | *2 |
| The name, title or capacity and address of the person(s) who has/have authority to | manage is/are: |
| , | |
| Managers: Sonya J. Hene, Timothy D. Hutchison, Elizabeth D. McNeeley, Sandra L. Perion and | |
| Larry R. Sajdak, 2901 Butterfield Road, Oak Brook, Illinois 60523. | |
| | |
| | |
| Attached is an original certificate of existence, no more than 90 days old, duly author | enticated by the officia |
| ring custody of records in the jurisdiction under the law of which it is organized. (A | photocopy is not |
| eptable. If the certificate is in a foreign language, a translation of the certificate und st be submitted) | der oath of the translate |
| Elsaber my heel | |
| Signature of an authorized person | |
| ecordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perj | |

Typed or printed name of signee

Elizabeth D. McNeeley, Manager

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| If unavailab | e, the alternate to be used in the s | tate of Florida is: | | · |
|--------------|--------------------------------------|-----------------------------------|----------|-----|
| | | | | |
| 2. The name | e and the Florida street address of | the registered agent and office a | ire: | |
| | C T Corporation System | | | |
| | | (Name) | | |
| | 1200 South Pine Island Road | | Manage 1 | |
| | Florida Street Addre | ess (P.O. Box NOT ACCEPTABLE) | 1 12 | |
| | Plantation | FL 33324 | ·.t | 1.3 |
| | | City/State/Zip | ! | |
| | | | | |

| C T Corporation System By: By: By: | Connie Bryan |
|---------------------------------------|---------------------|
| (Signature) | Assistant Secretary |

accept the obligations of my position as registered agent as provided for in Chapter 605, Florida

Statutes.

\$ 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 "INLAND NATIONAL REAL ESTATE

SERVICES, 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 FOURTH DAY OF

FEBRUARY, A.D. 2014.

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

5097579 8300

140129632

AUTHENT\(CATION: 1108817\)

DATE: 02-04-14

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