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(Re	equestor's Name)	
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FEB 27 2014

2014 FEB 26 FM 9: 34



ACCOUNT	NO.	:	I2000000019	5
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REFERENCE

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: February 25, 2014

ORDER TIME : 8:57 AM

ORDER NO. : 027838-005

CUSTOMER NO: 7456992

FOREIGN FILINGS

NAME: CAMPUS INVESTORS FSU 444

COLLEGE AVENUE, LLC

XXXX QUALIFICATION (TYPE: LL)	2014 FEB
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	26
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	FH 9: 34
CONTACT PERSON: Susie Knight EXT# 52956	

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	IECT. Campus Investors FSU 444 College Avenue, LLC		
5035	Name of Limited Liability Company		
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Conce, and check are submitted to register the above referenced foreign limited liability company to transact business		
Please	e return all correspondence concerning this matter to the following:		
	Melissa Mazrim		
	Name of Person		
	Polsinelli PC		
	Firm/Company		
	161 N. Clark Street, Suite 4200		
	Address	2011	
	Chicago, IL 60601	2014 FEB 26	· ` ` ` }
	City/State and Zip Code	B 26	# V 12.7
	mmazrim@polsinelli.com	- -ি সমূহ	i 1
	E-mail address: (to be used for future annual report notification)	M 9	gan e
For fur	rther information concerning this matter, please call:	<u>3</u>	
	Melissa Mazrim at (312) 873-3631 Name of Person Area Code Daytime Telephone Number	,	
	Name of Person Area Code Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	osed is a check for the following amount: \$\Boxed{1} \\$125.00 \text{Filing Fee} \Boxed{1} \\$130.00 \text{Filing Fee} \Boxed{1} \\$160.00 \text{Filing Fee}, \text{Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy}		

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:

Campus Investors FSU 444 College Avenue, LLC		
(Name of Foreign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacconsent of the managers or managing members adopting the alternate name Company," "L.L.C," "LLC.")		
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4		-
(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to dete	or to registration.) rmine penalty liability)	
5. 161 N. Clark Street, Suite 4900		_
Chicago, IL 60601	· 1	2
(Street Address of Principa	il Office)	
6. 161 N. Clark Street, Suite 4900		
Chicago, IL 60601	<i>P</i>	26
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who	o has/have authority to manage is/are:	Ģ
HSRE-CA V, LLC, sole member - 161 N. Clark Street, Suite 4900, C	Chicago, IL 60601	က္
		
8. Attached is an original certificate of existence, no more than 90 days old, du	the authoration to discrete afficial having a vetody of	Smaonda
n the jurisdiction under the law of which it is organized. (A photocopy is not a		
ranslation of the cortificate under coath of the translator must be submitted,	\rightarrow	,
Signature of an authoriz		
(In accordance with section 605,0203, F.S., the execution of this dependence of perjury that the facts stated herein arctirue. I am awa document to the Department of State constitutes a third deg	re that any false information submitted in a	
Thomas M. Scott	, , , , , , , , , , , , , , , , , , ,	
Typed or printed name of	signee	

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.

1. The name	of the Limited Liability (Company is:	
Campus Inves	tors FSU 444 College Ave	nue, LLC	
lf unavailable	, the alternate to be used	in the state of Florida is:	20
2. The name a	and the Florida street add	dress of the registered agent and office are:	FEB 26
	Corporation Service Co	ompany	
		(Naine)	- · · · · · · · · · · · · · · · · · · ·
	1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	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 605, Florida Statutes.

Corporation Service Company

By:

(Signature)

Sue G. Knight

Assistant Vice President

\$ 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 "CAMPUS INVESTORS FSU 444 COLLEGE

AVE, 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-FIFTH DAY OF

FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMPUS INVESTORS FSU 444 COLLEGE AVE, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2013.

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

5447779 8300

140239852

Jeffrey W Bullock, Secretary of Sta AUTHENTY CATION: 1161881

DATE: 02-25-14

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