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| (Cit                    | :y/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | siness Entity Nam  | ne)       |
|                         |                    |           |
| (Do                     | cument Number)     |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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DEPARTMENT OF STATE

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> CORETARY OF STATE LLAHACSEE, FLORIDA



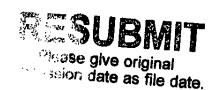
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2014

CSC SUSIE KNIGHT TALLAHASSEE, FL

SUBJECT: ELMHURST NEWCO, LLC

Ref. Number: W14000022530



We have received your document for ELMHURST NEWCO, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 014A00007581

2014 APR -8 AM 9: 17



| RPORATION | SERVICE | COMPANY' |  |
|-----------|---------|----------|--|
|           |         |          |  |

ACCOUNT NO. : I2000000195

REFERENCE : 085813 4303719

AUTHORIZATION :

COST LIMIT :

|  | DRDER | DATE | : | April | 8, | 2014 |
|--|-------|------|---|-------|----|------|
|--|-------|------|---|-------|----|------|

ORDER TIME : 8:50 AM

ORDER NO. : 085813-010

CUSTOMER NO: 4303719

#### FOREIGN FILINGS

NAME: ELMHURST NEWCO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight/CLD ext# 52956

EXAMINER:

## 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:

| 1. Elmhurst NewCo, 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. The alternate name must include "Lim Liability Company," "L.L.C," or "LLC.")   | nited          |
| <sub>2.</sub> Defaware 3.   |                |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  | -              |
| 4. Upon registration  |                |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |                |
| <sub>5.</sub> 6011 Connection Drive, Irving TX 75039  |                |
|   | 2014 &PR       |
| (Street Address of Principal Office)  | 20<br>20       |
| 6. 6011 Connection Drive, Irving TX 75039   | - <del>L</del> |
| markan di kacamatan di Kabupatèn Balandaran di Kabupa |                |
| (Mailing Address)   | · <u>I</u>     |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are   | 99             |
| ACPRE PRS Realty, L.L.C. Menber   |                |
| 6011 Connection Drive, Irving TX 75039  |                |
| Total domination brive, revenue 12 75055  |                |
|   |                |
|   |                |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offi<br>having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not  | cial           |
| acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the transmust be submitted)   | lator          |
| Clema Donn  |                |
| Signature of an authorized person   |                |
| In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herei 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.)  | n are true.    |

Eleanor D. Zappone, Authorized Person

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 Cor   | npany is:                                  |             |        |
|--|-----------------------------|--|-------------|--------|
| Elmhurst NewCo                                   | , L.L.C.                    |  |             |        |
| lf unavailable, t                                | he alternate to be used in  | the state of Florida is:                   |             |        |
| 2. The name an                                   | d the Florida street addres | ss of the registered agent and office are: | 20 Z        | 99<br> |
|  | Corporation Service Comp    | any  | ALL AHA     |        |
|  |                             | (Name)                                     | TAN<br>TASS | !      |
|  | 1201 Hays Street            |  |             |        |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |                             |  |             |        |
|  | Tallahassee                 | 32301<br>FL                                |             | 7      |
|  |                             | 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:

Carina L. Dunlap
Asst. Vice President

(Signature)

\$ 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 "ELMHURST NEWCO, 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 APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELMHURST NEWCO, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 2014.

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

5510427 8300

140426034

peffrey W Bullock, Secretary of State
AUTHENTY CATION: 1265633

DATE: 04-03-14

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