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| CONTACT: | RICKY SOT | <u>10</u> | | |
| DATE: | 04/18/2014 | | | |
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| CORP. NAME: | PENSACOL | A FL (DAVIS) LLC | | |
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Examiner's Initials

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Pensacola FL (Davis) LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

| Maggie Lazarz |
|--|
| Name of Person |
| InSite Real Estate, L.L.C. |
| Firm/Company |
| 1400 16th Street, Suite 300 |
| Address |
| Oak Brook, Illinois 60523 |
| City/State and Zip Code |
| mlazarz@insiterealestate.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

| Maggie Lazarz | _{at (} 630 | 617-9162 | J'A | 2 |
|--|--|-------------------|---|------------|
| Name of Contact Person | Area Code | Daytime Telephone | | E 12.7 |
| MAILING ADDRESS: | STREET ADDRESS: | | | |
| Division of Corporations | Division of Corporations | | <i>∞</i> | Silvery (|
| Registration Section | Registration Section | | ୍, ∺୍ୟ≤୍ ∞ |) <u> </u> |
| P.O. Box 6327 | Clifton Building | | TO CO. | |
| Tallahassee, FL 32314 | 2661 Executive Center Cir | rcle | 75 3 | - |
| | Tallahassee, FL 32301 | | <u>මුද්</u> ශු | |
| | , and the second | | 28 | |
| Enclosed is a check for the following amou | int: | | ≨့ တ | |
| ☐ \$125.00 Filing Fee ☐ \$130.00 Filin Certificate of | | | iling Fee, Certific & Certified Copy | ate |

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:

| Popos colo El (Devis) LLO |
|---|
| 1. Pensacola FL (Davis) 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 "Limited |
| Liability Company," "L.L.C," or "LLC.") |
| 2. Illinois (Jurisdiction under the law of which foreign limited Hability) (FEI number, if applicable) |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 1400 16th Street, Suite 300 |
| Oak Brook, Illinois 60523 |
| (Street Address of Principal Office) |
| 6. 1400 16th Street, Suite 300 |
| Oak Brook, Illinois 60523 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are |
| Gerald J. Kostelny, Manager, 1400 16th Street, Suite 300, Oak Brook, Illings 60523 |
| Christopher G. Hutter, Manager, 1400 16th Street, Suite 300, Oak Brook, Illinois 60523 |
| Robin Rash, Manager, 1400 16th Street, Suite 300, Oak Brook, Illinois 60523 |
| 8. 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 oath of the translator must be submitted) |
| 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 herein are to am aware that any falso information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) |
| Robin Rash |
| 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.

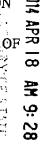
| 1. The name of the Limited Liability Company is: Pensacola FL (Davis) LLC | | | | |
|---|---|--|--|---|
| If unavailable, | the alternate to be us | sed in the | state of Florida is: | |
| 2. The name a | nd the Florida street | address o | of the registered agent and office are: | |
| | NRAI Serv | ices, | Inc. | |
| | | | (Name) | ~ |
| | 1200 Sout | h Pine | e Island Road | 201 |
| | Florida | Street Add | ress (P.O. Box NOT ACCEPTABLE) | APR |
| | Plantation | | FT. 33324 | RISSE ASSE |
| | | | City/State/Zip | |
| liability compa registered agen statutes relating | ny at the place design nt and agree to act in g to the proper and c | nated in th this capac complete p | o accept service of process for the above whis certificate, I hereby accept the appoint city. I further agree to comply with the preformance of my duties, and I am familiatered agent as provided for in Chapter 60 | tment as rovisions of all ar with and |
| | - yun | (Signat | turo | |
| | S | \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00 | Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional) | |



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PENSACOLA FL (DAVIS) LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 16, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

APRIL

A.D.

2014

Authentication #: 1410701559 Authenticate at: http://www.cyberdrivelllinois.com

SECRETARY OF STATE