Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company University Trails Tallahassee, LLC

Certificate of Status	0
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COVER LETTER

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	gistration Section			•
Div	vision of Corporation:	i		
SUBJECT:	University Trails Tal	lahassee, LLC		
00000011		Name of Limite	d Liability Company	
				Transact Business in Florida," Certificate of ility company to transact business in Florida
Please retur	n all correspondence co	nceming this matter to the	following:	
	Ruth A. Cordes			
		И	ame of Person	
	DLA Piper LLP	(US)		
		F	im/Company	
	203 N. LaSalic S	t Suite 1900		
			Address	
	Chicago, IL 6060)1		<u></u>
			tate and Zip Code	
	dave.cocagne@ve	rmiliondevelopment.com		
		E-mail address: (to be use	d for future annual report no	tification)
For further	information concerning	this matter, please call:		
1 01 1444101	minimize concerns	, into naccor, picaso canc		
Rı	uth A. Cordes		at (312) 368	-2151
<u></u>		Contact Person	Area Code	Daytime Telephone Number
	AILING ADDRESS:		ET ADDRESS:	
	ivision of Corporations		n of Corporations ation Section	
	egistration Section O. Box 6327		Building	
	illahassee, FL 32314		xecutive Center Circle	
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	is a check for the fo		M tice on them bee	& D \$160.00 Filing Fee, Certificate
u	\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy	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:

1. University Trails Talls	shassee, LLC	
(Name of Fore	shassee, LLC ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C.	lternate name adopted for the purpose of transacting business in Florida. The alternate name must include " or "LLC.")	"Limited
2. Delaware	3 applied for	
	v of which foreign limited liability (FEI number, if applicable)	
4. Not applicable		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 401 N. Franklin Stree	t, Suite 4 South	Z Ness
Chicago, IL 60654		WISIGHT AND
•	(Street Address of Principal Office)	
6. 401 N. Franklin Street	, Suite 4 South	
Chicago, IL 60654	(Mailing Address)	- 9:15 - 15:15 - 15:15
	(त्यवासाह राज्याञ्चन)	55
7. The name, title or	capacity and address of the person(s) who has/have authority to manage is/are:	
HCDC Verter III [[C	sole Member, 401 N. Franklin Street, Suite 4 South, Chicago, IL 60654	
HSRE-Verrex III, LLC,	Sole Melliott, 407 14. Prankin Sueet, Sone 4 Sound, Cincago, 12 00054	
2 Attached is an orig	inal certificate of existence, no more than 90 days old, duly authenticated by the	e official
	ords in the jurisdiction under the law of which it is organized. (A photocopy is	
•	ificate is in a foreign language, a translation of the certificate under oath of the	translator
must be submitted)	HSRE-VERTEX III, LLC, sole Member By: Vertex-Tallahassee, LLC, a Member	
	By: (Jand) Cocame	
	Signature of an authorized person	
	.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts state tion submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155	
	David Cocagne, its Manager	
	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 Lim	ited Liability Company is:	
University Trails Tallahassee	, LLC	
If unavailable, the altern	ate to be used in the state of Florida is:	
2. The name and the Flo	orida street address of the registered agent and office are:	DIVISION SEP
C T Con	poration System	NAN -
	(Name)	i g
1200 Soc	uth Pine Island Road	1 000
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	9: 5 5
Plantatio	FL 33324	•
	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.

James M. Halpin

Or C T Corporation System

(Signature)

Or C T Corporation 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)

Delaware

DA/SE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSITY TRAILS TALLAHASSEE, 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-FIRST DAY OF APRIL, A.D. 2014.

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

5519503 8300

140495796

You may vorify this cortificate caling at corp. dolawers.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

OTHENTY CATION: 1306503

DATE: 04-21-14