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ON SERVICE COMPANY.							
	ACCOUNT NO.	:	12000000	0195			
	REFERENCE	:	322025	7837524			
	AUTHORIZATION	:	Levell	Elenan	ر		
	COST LIMIT	:	\$ 160 00				
ORDER DATE :	October 1, 2014						
ORDER TIME :	9:09 AM						
ORDER NO. :	322025-005		d				
CUSTOMER NO:	7837524						
	FOREIGN F	ILI	<u>NGS</u>				
NAME :	EE WYNWOOD CE	NTR	AL OWNER,	LLC	SECRET	14 OCT	akin tigan
XXXX QUALIFICATION (TYPE: <u>LL</u> )						-2 AM 9	Company Compan
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FII	LING:	RETARY OF STATE	9: 31	-1000
	IED COPY STAMPED COPY ICATE OF GOOD STA	and	ING		<u> </u>		
CONTACT PERSON	: Courtney Will:	iam	s EXT#	62935			
			EXAMINER:				

#### **COVER LETTER**

SUBJECT:	EE Wynwood Cent	iai Owiici, Li	-0 <del>:</del>	lity Company			
		Name of I	Limited Liab	lity Company			
The enclosed Existence, and	"Application by Foreign I I check are submitted to re	imited Liability egister the above	Company for referenced	or Authorizati foreign limite	ion to Tr d liabili	ansact Business in Florida ty company to transact bus	," Certificate of iness in Florida
Please return's	all correspondence concer	ming this matter	to the follow	ving:			
	Michael L. White	hurch					
		· · · · · · · · · · · · · · · · · · ·	Name of	Person		<del></del>	•
	Seyfarth Shaw L	LP					
			Firm/Co	mpany		,	•
	131 S. Dearborn	St., Suite 24	100				
			Addr	ess			-
	Chicago, IL 6060	)3					
		(	City/State and	i Zip Code		<u> </u>	•
	mwhitchurch@se	yfarth.com					
	E-	mail address: (to b	e used for fu	ture annual rep	ort notifi	cation)	<del>-</del> ,
For further inf	formation concerning this	matter, please ca	ili:				
Mic	hael L. Whitchurch			312	460-	5731 aytime Telephone Number	
-	Name of Cont	act Person		Area Code	D	aytime Telephone Number	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314	D Re Cl 26	TREET AD ivision of C egistration S lifton Buildi 661 Executivallahassee, F	orporations lection ng ve Center Circ	ele		
		ving amount: 130.00 Filing Fe Certificate of Stat		155.00 Filing Certified Cop	-	■ \$160.00 Filing Fee, of Status & Certified	

### 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:

(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 "LL.C.")  2. Delaware 2. Delaware 3. 47-1515621 (Durisdiction under the law of which foreign limited liability (PEI number, if applicable)  Filling date.  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 600 Madison Avenue  New York, NY 10022  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage (MERE)  600 Madison Avenue  New York, NY 10022  MEMBER  600 Madison Avenue  New York, NY 10022  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 Jaw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language of translation of the certificate under oath of the translator must be submitted)	1. EE Wynwood Central Owner, LLC (Name of Foreign Limited Liability Company: must inc	stude "Limited Liability Company," "L.L.C.," or "LI		
2 Delaware Our didiction under the law of which foreign limited hability (PEI number, if applicable)  (			•	
(Street Address of Principal Office)  New York, NY 10022  (Street Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage Eare:  (Mailing Address)  EERC Wynwood Central OM, LLC  MEMBER  Mew York, NY 10022  (Mailing Address)	Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name	must include "Limited	
(Street Address of Principal Office)  New York, NY 10022  (Street Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage Eare:  (Mailing Address)  EERC Wynwood Central OM, LLC  MEMBER  Mew York, NY 10022  (Mailing Address)	<sub>2</sub> Delaware	<sub>3</sub> 47-1515621		
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naving 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 in translation of the certificate under oath of the translator must be submitted)	New York, NY 10022			
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 true, I im 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.)  Christopher Smith, Authorized Person	naving custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language: must be submitted)  Signature of a lineaccordance with section 605,0203, F.S., the execution of this document comma aware that any false information submitted in a document to the Department	ne law of which it is organized. (A phototranslation of the certificate under oat an authorized person estitutes an affirmation under the penalties of perjury that into f State constitutes a third degree felony as provided for	ocopy is not th of the translator	
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.

	of the Limited Liability Compa od Central Owner, LLC	any is:		-
If unavailable	e, the alternate to be used in the	state of Florida is:		
2. The name	and the Florida street address of	of the registered agent and office are:	-	
	Corporation Service Com	npany	wind mine as	
	1201 Hays Street	(Name)	14 OCT	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		-2 /\RY \SSE	Ę.
	Tallahassee	32301 . FL	AM 9: 3 OF STA	1404
		City/State/Zip	32 RIDA	
liability comp registered ag statutes relati	oany at the place designated in the ent and agree to act in this capa ing to the proper and complete p	o accept service of process for the above s his certificate, I hereby accept the appoint city. I further agree to comply with the pr verformance of my duties, and I am familic tered agent as provided for in Chapter 60.	ment as rovisions o <u>f</u> all ar with and 5, Florida	
Statutes.	Corporation Service Company  By: (Signa	Courtney \ Asst. Vice	Williams President	
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent 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 "EE WYNWOOD CENTRAL OWNER, 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 FIRST DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EE WYNWOOD CENTRAL OWNER, LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

LOCT -2 AM 9: 32

5577678 8300

141247603

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1746923

DATE: 10-01-14

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