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DEBASIMENT OF STATE

2014 DCT -2 PT

TO

OCT - 3 2014 T CLINL



ACCOUNT NO. : I2000000195

REFERENCE : 322025 7837524

AUTHORIZATION :

ORDER DATE : October 1, 2014

ORDER TIME : 9:10 AM

ORDER NO. : 322025-010

CUSTOMER NO: 7837524

FOREIGN FILINGS

NAME: EE 215 NW 24 OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporations				
CHDIE	EE 215 NW 24 Owner, LLC				
SUBJE	Name of Limited Liability Company				
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid ce, and check are submitted to register the above referenced foreign limited liability company to transact but				
Please n	eturn all correspondence concerning this matter to the following:				
	Michael L. Whitchurch				
	Name of Person	75.03 75.03			
	Seyfarth Shaw LLP	ZON OCT -2 M. STATE SECRETARY OF STATE TALLAHASSEE, FLOORS			
	Firm/Company :				
131 S. Dearborn St., Suite 2400					
	Address				
	Chicago, IL 60603	54 G			
	City/State and Zip Code	5 ⁻¹			
	mwhitchurch@seyfarth.com				
	E-mail address: (to be used for future annual report notification)	 .			
For furth	her information concerning this matter, please call:				
	Michael L. Whitchurch 312 Area Code Name of Contact Person Area Code Daytime Telephone Number				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
	ed is a check for the following amount: \$\Bigsiz\$ \$\\$125.00 \text{ Filing Fee & Bigsize Certified Copy}\$\$ 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:

EE 215 NW 24 Owner, LLC	,		-1-5
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC	")	
(If name unavailable, enter alternate name adopted for the purpose of tra Liability Company," "L.L.C," or "LLC.")	nsacting business in Florida. The alternate name mu	ust include	"Limited
2. Delaware	47-1515621		
(Jurisdiction under the law of which foreign limited liability-company is organized)	(FEI number, if applicable)	77 6	2
Filing date.	•	두읦	8
(Date first transacted business in F (See sections 605.0904 & 605.0905.1		SS 53	
600 Madison Avenue			gB.
New York, NY 10022		- ES	1
(Street Address of	of Principal Office)		
600 Madison Avenue			
New York, NY 10022			
(Mailing	g Address)		
7. The name, title or capacity and address of the perso	in(s) who has/have authority to manage	ic/ore:	
EERC Wynwood Central OM, LLC MEMI	_	, 15/AIC,	
			
600 Madison Avenue			
New York, NY 10022	• ••	,	•
Attached is an original certificate of existence, no me aving custody of records in the jurisdiction under the cceptable. If the certificate is in a foreign language, a must be submitted) Signature of an accordance with section 605.0203, F.S., the execution of this document constitute in a ware that any false information submitted in a document to the Department of	aw of which it is organized. (A photoc ranslation of the certificate under oath authorized person	opy is not of the tr	Ot ranslator
Christopher Smith, Authorize	d Person		
Typed or printed a	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.

	V 24 Owner, LLC	company is:	
If unavailabl	e, the alternate to be used i	in the state of Florida is:	nini pe
2. The name	and the Florida street add	ress of the registered agent and office are:	METAR
	Corporation Service	Company	: # # # # # # # # # # # # # # # # # # #
		(Name)	<u>-</u>
	1201 Hays Street		芸芸
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301	
		City/State/Zip	 ,
liahility comp registered ag statutes relat	oany at the place designated tent and agree to act in this ing to the proper and comp	and to accept service of process for the above d in this certificate, I hereby accept the appoint capacity. I further agree to comply with the polete performance of my duties, and I am family registered agent as provided for in Chapter 6 Courtney Weary Asst. Vice Proceedings of the above approximately was a contract to the provided for the courtney was a courtney was a contract.	ntment as provisions of al liar with and 105, Florida I illiams
	\$ 100 \$ 20	(Signature) 0.00 Filing Fee for Application 5.00 Designation of Registered Agent 0.00 Certified Copy (optional)	
		5.00 Certificate of Status (optional)	

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EE 215 NW 24 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 215 NW 24 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.

5577675 8300

141247603

AUTHENT CATION: 1746924

DATE: 10-01-14

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