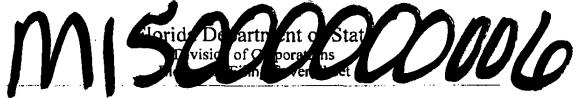
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 : (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.

Email Address:

Foreign Limited Liability Company PRS Co-Tenant (Oak Pointe), LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

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Corporate Filing Menu

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JAN 0.2 2015 D.BRUCE

COVER LETTER

IECT: PRS Co-Tenant (Oak Po	pinte), LLC
	Name of Limited Liability Company
	Limited Liability Company for Authorization to Transact Business in Florida," Cestificate of register the above referenced foreign limited liability company to transact business in Florida
e-return all correspondence conce	erning this matter to the following:
John Nolde	
	Name of Person
Winthrop & Weinsti	
	Pirm/Compony
225 South Sixth Stre	set, Suite 3500
	Address
Minneapolis, MN 5	5402
**************************************	City/State and Zip Code
eroskam@Dominium	ilne,com
E	B-invail address: (to be used for flitture annual report notification)
other information concerning this	
John Nolde	
Name of Co.	nt of Person Area Code Daytime Telephone Number
	西部 g
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallidrassee, FL 32314	2661 Executive Center Circle
	Tallohassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(tame at coreign	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LUC.")	
financ unavailable, enter alten inbility Company," "L.I.C." or	nate name adopted for the purpose of transacting business in Florida. The alternate name must include "LLC.")	"L'únited
Minnesota	3.	
(Jurisdiction under the law of	which foreign limited liability (FEI number, if applicable)	
	(Date first transacted business in Plorids, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine sensity liability)	
2905 Northwest Bouleys	rd, Suite 150	<u> </u>
. Plymouth, MN 55441		
Trymona, May 33441	(Street Address of Principal Office)	
2905 Northwest Boulevan	d, Suite 150	\$150 E
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Plymouth, MN 55441	(Mailing Address)	
See Attach	pacity and address of the person(s) who has/have authority to manage is/are:	- 現代
		
A		
ving custody of record	I certificate of existence, no more than 90 days old, duly authenticated by the is in the jurisdiction under the law of which it is organized. (A photocopy is n	ot
ceptable. If the certificust be submitted)	ate is in a foreign language, a translation of the certificate under oath of the tr	ranslator
	Child	
	Signature of an authorized person 3. ft.S., the execution of this document boastitutes us affirmation under the penalties of perjuty that the facts stated submitted in a document to the Department of State constitutes a third degree sciony as provided for in s.617.155.	
C:	hristopher P. Barnes	
	Typed or printed name of signee	

Armand E. Brachman – Co-Chief Manager
Paul R. Sween – Co-Chief Manager
Mark S Moorhouse ~ Senior Vice President
Jeffrey R Huggett – Vice President
Christopher P Barnes – Vice President

2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441

2014 DEC 31 AM II: 58

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 nam	e of the Limited Liabilit	y Company is:	:
PRS Co-Tena	int (Osk Points), LLC		
lf unavailab	le, the alternate to be us	ed in the state of Florida is:	
			·
2. The nam	e and the Florida street	address of the registered agent and office are:	
	C T Corporation Syste	m	EC -
		(Name)	C 31
	1200 South Pine Island	d Rosd	
	Florida		
	Plantation	FL 33324	DRING DRING
		City/State/Zip	1 -3

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 but 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 603, Florida Statutes.

By: CT Corporation System Wichele Miller Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

PRS Co-Tenant (Oak Pointe), LLC

Date Filed:

12/30/2014

File Number:

802751500023

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/31/2014



Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota