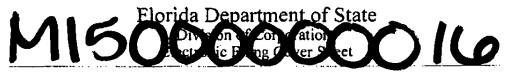
Division of Corporations

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.

(((H14000301492 3)))



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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 : (850)878-5368 Fax Number

**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 AEB Co-Tenant (Oak Pointe), LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

JAN 0 2 2015 J. HARRIS

COVER LETTER

	Registration Section Division of Corporation	ıs				·
SURJEC	T; AEB Co-Tenant (Or	ik Pointe), LLC	•			
			of Limite	d Liability Company		
The enclo Existence	sed "Application by Por , and check are submitte	eign Limited Liabi d to register the abo	lity Comp	pany for Authorization enced foreign limited	n to Trai liability	nsact Business in Florida," Certificate company to transact business in Flori
Please ret	um all correspondence e	oncerning this mat	ter to the	following:		
	John Nolde					
			Ni	inic of Person		
	Winthrop & We	instine, P.A.				·
			Fi	rm/Company		
	225 South Sixth	Street, Suite 3500				
				Address		
	Minneapolis, Mi	N 55402				
			City/Si	ate and Zip Code		
	croskam@Domir					
		E-mail address: (to be used	Toe futuro annual repor	n notifica	tion)
For furthe	r information concerning	g this matter, picas	s call:			
	John Nolds		at (612) 604-6400 Dayline Tele		0	
•	Name a	Contagt Person		Area Code	Day	time Telephone Number
Ì	MAILING ADDRESS: Division of Corporations		Division	T ADDRESS: n of Corporations		
	Registration Section P.O. Box 6327			ition Section Building		
	Fallahassoc, FL 32314		2661 E	secutive Center Circlessee, FL 32301	e	
Enclose	d is a check for the (ollowing amout	nt;			
	□ \$125.00 Filing Fee	Certificate of	Fee &	□ \$155,00 Filing i Certified Copy	Foc &	of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

[Name of Foreign Limited Hability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transcribing business in Florida. The alternate name must include "Liability Company," "L.L.C." or "LLC.")	_imited	
2. Minnesota 3.		
(Jurisdiction under the law of which foreign limited liability company is organized) (IFI number, if applicable)		
4. (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 2905 Northwest Boulevard, Suite 150	_	
Plymouth, MN \$5441	-	₽
(Street Address of Principal Office)	7	>!V
6. 2905 Northwest Boulevard, Suito 150	DEC 3	NON
Plymouth, MN 55441	ယ်	9F
(Mailing Address)		003
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	AM 10: 4	DIVISION OF CORPORATION
See Attached	_ =	10
	_	tin
	-	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the chaving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the oath oath oath oath oath oath oath	N	
Signature of an authorized person		
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the possities of populy that the facts stated on aware that any false information submitted in a document to the Department of State constitutes at third degree belong as provided for in a \$17.155. F	eccin are tro .S.)	re î
Christopher P. Barnes		
Typed or printed name of signee		

Armand E. Brachman - Co-Chief Manager

Paul R. Swaen - Co-Chief Manager

Mark 5 Moorhouse - Senior Vice President

Jeffrey R Huggett - Vice President

Christopher P Barnes - Vice President

2905 Northwest Boulevard, Suite 150, Plymouth, MN 55441

14 DEC 31 AH 10: 44

SECRETARY OF S

14 DEC 31 AM 10:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.01 13 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 at (Oak Pointe), LLC	Company is:	
if unavailable	the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street ad	dress of the registered agent and office are:	
	C T Corporation System		
		(Матс)	
	1200 South Pine Island F	tond	
	Florida Str	eet Address (P.O. BOX NOT ACCEPTABLE)	
	Plantation	FJ_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.

By: CT Comporation System Willer Assistant Secretary
(Skinsture)

\$ 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:

AEB Co-Tenant (Oak Pointe), LLC

Date Filed:

12/30/2014

File Number:

802754100028

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/31/2014



Mark Ritchie
Secretary of State
State of Minnesota