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(0	City/State/Zi	p/Phone #))
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Certified Copies	Cer	tificates of	Status
Special Instructions t	o Filing Offi	cer:	

Office Use Only



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TO ACKNOWLEGE TO ACKNOWLEGE RECEIVED
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JAN 2 2 2015 T. BROWN

ACCOUNT NO. : 12000000195 REFERENCE: 465095 5029428 AUTHORIZATION : COST LIMIT ORDER DATE: January 19, 2015 ORDER TIME : 11:07 AM ORDER NO. : 465095-075 CUSTOMER NO: 5029428 FOREIGN FILINGS NAME: THE OAKS MALL SOLAR, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935 EXAMINER:

COVER LETTER

TO:		ation Section of Corporations	;					
SUBJI	ECT:	The Oaks N	Iall Solar, LL	.C				
	,		Name o	of Limited	Liability Company			-
							sact Business in Florida, company to transact busin	
Please	return all c	correspondence co	ncerning this matte	er to the	following:			
			Wanda Willia					
				Na	me of Person			
			General Grov	vth Pro	operties, Inc.			
	-			Fin	m/Company			
			110 N. Wacl	ker Dr	ive			
	-				Address			
			Chicago, IL	60606	-			
	-		Cincago, IL		te and Zip Code			
		gina	.parra@gener	ralgrov	wth com			
	_	51110			for future annual repor	t notificat	ion)	
For furt	ther inform	ation concerning	this matter, please	call:				
	C	Sina Parra			at (312)	960-5	5000	
		Name of	Contact Person		Area Code	Dayt	ime Telephone Number	
	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314]] (Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301	;		
Enclos	sed is a c	heck for the fol	lowing amount:	•				
			\$130.00 Filing F Certificate of Sta	ee &	☐ \$155.00 Filing F Certified Copy	ee &	□ \$160.00 Filing Fee, Ce 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 "LLC.")	imited
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	<u>-</u> ۶.
4. Upon Filing	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 110 N. Wacker Drive, Chicago, IL 60606	
STA P	
(Street Address of Principal Office)	9
6 belle to	້າ
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Michael B. Berman, Manager, 110 N. Wacker Drive, Chicago, IL 60606	
Shobi Khan, Manager, 110 N. Wacker Drive, Chicago, IL 60606	
Marvin J. Levine, 110 N. Wacker Drive, Chicago, IL 60606, MANAGER	_
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 law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 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 train aware that any false information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Marvin J. Levine Typed or printed name of signee	islator

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 Limited Liability Company is:		
The Oa	ks Mall Solar, LLC		
If unavailable	e, the alternate to be used in the state o	f Florida is:	
2. The name	and the Florida street address of the re	egistered agent and office a	re:
	Corporation Service Company	•	THE T
	(Na	me)	21
	1201 Hays Street		ma R
	Florida Street Address (P.C). Box NOT ACCEPTABLE)	2: 45
	Tallahassee	32301 FI.	7
	City	/State/Zip	
liability comp registered ago statutes relati	named as registered agent and to accept oany at the place designated in this cert ent and agree to act in this capacity. I ging to the proper and complete perform ligations of my position as registered ag	ificate, I hereby accept the a further agree to comply with ance of my duties, and I am	appointment as In the provisions of all familiar with and
ounies.	Corporation Service Company By:	Courtney Williams Asst. Vice President	
	(Signature) \$ 100.00 Filin	g Fee for Application	

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

5.00

Delaware

PAGE 2

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE OAKS MALL SOLAR, 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 NINETEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE OAKS MALL SOLAR, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2015.

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

5673597 8300

150066535



AUTHENTICATION: 2048085

DATE: 01-19-15

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