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15 FEB -9

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K.SALY EXAMINER FEB 1 0 2015 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 495995 4302216

AUTHORIZATION : Smell Bank

COST LIMIT : 130.00

ORDER DATE: February 9, 2015

ORDER TIME : 3:26 PM

ORDER NO. : 495995-015

CUSTOMER NO: 4302216

#### FOREIGN FILINGS

NAME: BRE PIPER MF WESTLAKE FL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

BRE Piper MF Westlake FL LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and n Florida..

Existence, and check are submitte	d to register the above refere	enced foreign limited liabilit	y company to transact business in F
Please return all correspondence of	concerning this matter to the	following:	
Dan Lia	ang		
<del> </del>	Na	ame of Person	
Simpso	n Thacher &	Bartlett LLP	
<u> </u>	Fi	rm/Company	
425 Lex	xington Aven	ue	
<del> </del>	VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address	
New Yo	ork, NY 1001	7	
	City/St	ate and Zip Code	U 448
dan.lian	g@stblaw.co	om	
<del></del>	E-mail address: (to be used	for future annual report notific	eation)
For further information concerning	g this matter, please call:		
Dan Liang		_at (212) 455	5-7682
Name o	f Contact Person	Area Code Da	ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisior Registra Clifton 1 2661 Ex	T ADDRESS:  of Corporations tion Section Building tecutive Center Circle tisee, FL 32301	
Enclosed is a check for the formula \$125.00 Filing Fee	ollowing amount:  \$\Bigsire\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Conv

## 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:

1. BRE Piper MF We	mited Liability Company; must include "Limited Liability Compar	ıy," "L.L.C.," or "LLC.")
(If name unavailable, enter alternat Liability Company," "L.L.C," or "I	c name adopted for the purpose of transacting business in Florida. LLC.")	The alternate name must include "Limited
<sub>2</sub> Delaware	<sub>3.</sub> .47-2493754	
(Jurisdiction under the law of wl company is organized)	ich foreign limited liability (FEI m	imber, if applicable)
4		
	(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty liab	) ility)
	Plaza, Chicago, IL 60606	 2
J		E T
	(Street Address of Principal Office)	
<sub>6</sub> 2 N. Riverside I	Plaza, Chicago, IL 60606	SSA
·		100
***************************************	(Mailing Address)	
7 The name title or cana	city and address of the person(s) who has/have aut	thomistry to mornous informs
	• • • • • • • • • • • • • • • • • • • •	normy to manage is/are:
Olivia John, Vice	Fresident	
345 Park Avenue	, New York, NY 10154	
8. Attached is an original c	ertificate of existence, no more than 90 days old, o	luly authenticated by the official
having custody of records i	n the jurisdiction under the law of which it is orgate is in a foreign language, a translation of the certif	nized. (A photocopy is not
must be submitted)	is in a resergi imigange, a namenation of the conti	notic under outil of the translator
(In accordance with section 605.0203, F. am aware that any false information sub-	Signature of an authorized person  S., the execution of this document constitutes an affirmation under the per nitted in a document to the Department of State constitutes a third degree	nalties of perjury that the facts stated herein are true. I felony as provided for in s.817.155, F.S.)
Oli	via John	
	Typed or printed name of signee	<u> </u>

## 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.

n unavanao	le, the alternate to be used in	the state of Florida is:	1015 F
2. The nam	e and the Florida street addres	ss of the registered agent and	d office are:
	Corporation Service Compa	pany	70.0
		(Name)	
	1201 Hays Street		
	Florida Street A	Address (P.O. Box NOT ACCEPTAI	BLE)
	Tallahassee	32301 FL	
		City/State/Zip	
ability com	ing to the proper and complet	in this certificate, I hereby acc apacity. I further agree to conte te performance of my duties, a	cept the appointment as mply with the provisions of all
tatutes rela	oligations of my position as res	g	

**Certified Copy (optional)** 

**Certificate of Status (optional)** 

\$ 30.00 \$ 5.00

## Delaware

PAGE

### The First State

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

DELAWARE, DO HEREBY CERTIFY "BRE PIPER MF WESTLAKE FL 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 NINTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRE PIPER MF WESTLAKE FL LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2014.

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

5665648 8300

150168040

AUTHENTY CATION: 2106020

DATE: 02-09-15

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