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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

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company FR N/S Tower, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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COVER LETTER

TO: Registration Section Division of Corporations	•				
SUBJECT: FR N/S Tower L	c of Limited Liability Company				
	ility Company for Authorization to Transact Business in Florida," Certificate of sove referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this ma	nter to the following:				
Martin J. Auer	bach Name of Person				
Z Capital Par	•				
150 Field Dr.					
Lake Forest,	L_ 60045 City/Stale and Zip Code				
Compliance @ 2:cap, net E-noil address: (to be used for future annual report notification)					
For further information concerning this matter, pleas					
Name of Contact Person	at () Area Code Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, Ft. 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amous \$125.00 Filing Fee \$\$130.00 Filing					
Certificate of					

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, onter alternate name adopted for the purpose of transacting business in Liability Company," "L.1.C," or "LLC.")	Florida. The alternate name must include "Limited
2. Delaware 3 30 - 0	8 53 298 (PEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted business in Florica, if prior to reg (See sections 603.0904 & 605.0905, F.S. to determine per	istration.) ulty liability)
5. 150 Field Drive, Suite 300	7. 21
	20151 SEC TALL
Lake Forest, IL 60045 (Street Address of Principal Office)	E B
5. 150 Field Drive, Suite 300	TAR HASS
5, 120 1010 20110, 08110 300	THE COLUMN TWO IS NOT
Lake Porest, IL 60045 (Muiling Address)	PH.I2:
ames J. Zenni, Jr President & CEO	
ISO Field Drive, Suite 300	
Lake Forest, IL 60045 3. Attached is an original certificate of existence, no more than 90 day having custody of records in the jurisdiction under the law of which it receptable. If the certificate is in a foreign language, a translation of the nust be submitted)	is organized. (A photocopy is not
Lake Forest, IL 60045 3. Attached is an original certificate of existence, no more than 90 day having custody of records in the jurisdiction under the law of which it receptable. If the certificate is in a foreign language, a translation of the	is organized. (A photocopy is not be certificate under oath of the translator con on the consistence of periors that the facts stated bearings are to
ake Forest, IL 60045 Attached is an original certificate of existence, no more than 90 day aving custody of records in the jurisdiction under the law of which it ecceptable. If the certificate is in a foreign language, a translation of the nust be submitted) Signature of an authorized person accordance with section 605.0203, F.S., the execution of this declaration constitutes on all impation units.	is organized. (A photocopy is not be certificate under oath of the translator on the translator on the translator of the translator of the translator of periory that the facts stated become are to

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 o	f the Limited Liability	Company is:	
FR N/	8 Tower, LI	LC	
If unavailable,	the alternate to be used	in the state of Florida is:	
2. The name a	nd the Florida street ad	dress of the registered agent and office are:	2015 FEB 24 SECRETARY TALLAHASSE
	C T Corporation System		24 P 24 ASS
	1200 South Pine Island F	(Name)	
			. <u>Cs</u> 23
	riotida Sti	reet Address (P.O. Box NOT ACCEPTABLE)	12: 26 STATE LORIDI
	Plantation	FL 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:	C T Corporation System	Cosine	Bus	
	(S	gnature)	0	_

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FR N/S TOWER, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2015.

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

5661186 8300

150243977

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

AUTHENTX CATION: 2141860

DATE: 02-23-15