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| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (CII | y/State/Zip/Prione | e #) | | |
| PICK-UP | TIAW T | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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TO AUKHOWLEDGE SUFFICIENCY OF FILIN RECEIVED
DEPARTMENT OF STATE
DIVISION OF COMPANY

MILLIAN





MY - 5 2915

T. HAMPTON



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

May 4, 2015

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9520672 SO

Customer Reference 1:

054994/459684

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Hart Abacoa, LLC (DE) Registration Florida

Hart Abacoa, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

| SUBJECT: HART Abacoa, LLC | |
|--|---|
| | Name of Limited Liability Company |
| The enclosed "Application by Foreign Limited existence, and check are submitted to register to | Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florid |
| lease return all correspondence concerning thi | is matter to the following: |
| Jan R. Ezell, Corporate Parale | egal |
| | Name of Person |
| Alston & Bird LLP | |
| | Firm/Company |
| 1201 West Peachtree Street | |
| | Address |
| Atlanta, GA 30309-3424 | |
| | City/State and Zip Code |
| patti@htl-law.com | |
| E-mail add | ress: (to be used for future annual report notification) |
| For further information concerning this matter, | please call: |
| Jan R. Ezell | at (404) 881-7442 |
| Name of Contact Person | on Area Code Daytime Telephone Number |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | Division of Corporations |
| Registration Section | Registration Section |
| P.O. Box 6327 | Clifton Building 2661 Executive Center Circle |
| Tallahassee, FL 32314 | Tallahassee, FL 32301 |
| Enclosed is a check for the following ar | |
| | Filing Fee & \$\Pi\$\$ \$\P |

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. HART Abacoa, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | - |
|---|----------------------|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Li Liability Company," "L.L.C," or "LLC.") | — mited |
| 2. Delaware 3. 77-0672767 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | - |
| 4. upon registration | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | - ਜੁ |
| 5 c/o Heitman Capital Management LLC, 191 North Wacker Drive, Suite 2500, Chicago, IL 60606 | 3254 |
| | 1- 1441 G |
| (Street Address of Principal Office) | |
| 6. c/o Heitman Capital Management LLC, 191 North Wacker Drive, Suite 2500, Chicago, IL 60606 | MI 19 |
| | 1 |
| (Mailing Address) | 1 0 |
| (Maining Address) | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | |
| Heitman America Real Estate Holding, L.P. (sole Member) | |
| remitan America Real Estate Frounds, Ed (Sole Hemoer) | - |
| c/o Heitman Capital Management LLC, 191 North Wacker Drive, Suite 2500, Chicago, IL 60606 | _ |
| | |
| | _ |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of 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 transmust 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 he arm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | ein are true. I) |
| Thomas P. Kelly (see attached) | |
| Typed or printed name of signee | |

FL017 - 01/16/2014 Walters Kluwer Online

HART Abacoa, LLC

Heitman America Real Estate Holding, L.P., its sole Member By:

> Heitman America Real Estate Holding GP, LLC, its General Partner By:

By: /s/ Thomas P. Kelly
Name: Thomas P. Kelly Title: Senior Vice President

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. Ine name (| or the Limited Liabili | ry Company is: | |
|-----------------|--|---|--|
| HART Abacoa, | LLC | | |
| If unavailable, | the alternate to be us | sed in the state of Florida is: | |
| 2. The name a | and the Florida street | address of the registered agent and office are: | |
| | C T Corporation System | em | |
| | | (Name) | |
| | 1200 South Pine Island Road | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| | 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.

| C T Corporation | n System Consie Buya_ | Connie Bryan |
|-----------------|-----------------------|---------------------|
| | | Preintent Secretary |

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





Delaware

DACE

The First State

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

DELAWARE, DO HEREBY CERTIFY "HART ABACOA, 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 TWENTIETH DAY OF APRIL, A.D. 2015.

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

5725162 8300

150530864

AUTHENTY CATION: 2302727

DATE: 04-20-15

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