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5 JUN 23 MIN: 17

ECRETARY OF STATE

JUN 2 4 2015

S. YOUNG

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 676969 4302216

Syluncoce

COST LIMIT : \$/1254.00

AUTHORIZATION

ORDER DATE : June 21, 2015

ORDER TIME: 8:54 AM

ORDER NO. : 676969-055

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: BRE SOUTH MIXED ASSET OWNER

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:

SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	BRE South Mixed Asset Owner LLC
5020	Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Ann Schneider Name of Person
	Equity Office Firm/Company
	222 S. Riverside Ploza, Suite 2000 Address
	Chicago, IL 60606 City/State and Zip Code
	Ann - Schneider @ equity office . com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Ann Schneider at (312) 466 - 3607 Name of Contact Person Area Code Daytime Telephone Number 5
Engloso	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 die a chark for the following amount: STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301 Tallahassee, FL 32301 Tallahassee, FL 32301
Enclose	d is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee} \& \Bigcup \\$155.00 \text{ Filing Fee} \& \Bigcup \\$160.00 \text{ Filing Fee}, \text{ Certificate} \\ \$\text{Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}

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 South Mixed Ass				
(Name of Fo	reign Limited Liability Company; must i	nclude "Limited Liab	ility Company," "L.L.C.," or '	'LLC.")
(If name unavailable, enter a Liability Company," "L.L.C	alternate name adopted for the purpose o	f transacting business	in Florida. The alternate nam	c must include "Limited
, DE		3		
(Jurisdiction under the law company is organized)	v of which foreign limited liability	J	(FEI number, if applicable)	
4	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to 05. F.S. to determine	registration.) penalty liability)	
5. <u>c/o Equity Office 22</u>	2 S. Riverside Plaza, Suite 2000,	Chicago, IL 6060	06	
	(Street Address of Prin	ncinal Office)		
6	•			-100 J
	(Mailing Ad	drace)		量型
	, -	,		5元 77 厂
7. Name and street addre	ess of Florida registered agent: (P.O.	Box NOT accepta	ible)	第3 四
Name:	Corporation Service Company	,	-	型置
Office Address:	1201 Hays Street		-	是有" 二
	Tallahassee (City)		, Florida <u>32301</u> (Zip code)	
his application, I hereby with the provisions of all	egistered agent and to accept service accept the appointment as registere statutes relative to the proper and c sition as registered agent.	ed agent and agree	to act in this capacity. If nce of my duties, and I am	urther agree to comply familiar with and accep
,	Corporation Service Company By:	Ac-	DAVE NICKELSEN, ASS	T. VP.
		ed agent's signature)		
8. The name, title or cap	acity and address of the person(s) when	ho has/have author	ity to manage is/are:	
-	ge the company is vested in a Manag			lixed
Asset LLC. The Managi	ng Member has appointed officers to	the company who	are authorized to act on bel	nalf of the
company. The officer sl	ate is attached to this form.			
	e of existence, no more than 90 days of which it is organized. (If the certisubmitted)			
	Signature of	an authorized persor		-
In accordance with section	on 605.0203, F.S., the execution of the	his document const	itutes an affirmation under	the penalties of perjury th

the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

The address of each of the above listed officers and the Managing Member is:

The Blackstone Group

345 Park Avenue

New York, NY 10154

FILEL

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BRE SOUTH MIXED ASSET OWNER 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-SECOND DAY OF JUNE, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRE SOUTH MIXED ASSET OWNER LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2015.

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

15 JUN 23 AN II: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5766540 8300

150950282

AUTHENTY, CATION: 2486140

DATE: 06-22-15

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