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Division of Corporations

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Foreign Limited Liability Company Inland Atlantic Seminole Multifamily, LLC

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Corporate Filing Menu

Help

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 FORESTY. LIMITED ITABILITY

COMPANYTO TRANSACT B	USINESS IN THE STATE OF FLORIDA:	observing be declarated for neobligin	I CALLOIV I	4 فرهند 1 1724 الله	LICILITIA I
	ole Multifamily, LLC		•		
(Nume of For	reign Limited Liability Company; must includ	e 'Limited Liability Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter a	elternate name adopted for the purpose of trans," or "LLC.")	sacting business in Florida. The alternate nan	ne must incl	ude "Limi	ted
2. Delaware	3				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4. Upon Filing					
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)			
5. 2901 Butterfield Road	· ·		_		
Oak Brook, IL 60523					
	(Street Address of Principal	Office)	-		
6. 2901 Butterfield Road			-		
Oak Brook, IL 60523			.		
	(Mulling Address)				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	C T Corporation System	radionalny, popragamentan			
Office Address:	1200 South Pine Island Road				
	Plantation	, Florida <u>33324</u>			
	(City)	(Zip code)	13		
Registered agent's accep	itance: gistered agent and to accept service of p	vacuss for the above stated Umited Habi.	lltv commar	O) nv af the	place
designated in this applica	tion, I hereby accept the appointment as	registered agent and agree to act in thi	s capacity.	I full he	r ägree
	ons of all statutes relative to the proper a my position as registered agent.	and complete performance of my duties	, and Laim	fanilitar	with an
accept the obagations of t	By: KALKE D. D. C. T. Comoration System	Kristin Bolden	ر در است. ایم ایمیاد	4-	ķ
	- 1 (W/) - 30(1) (V)	Assistant Secretary	. ئۇش ۇر . ئۇش ارد	<i>-</i> 2≥	1 3
	(Registered ager	nus signature)	$\Box =$	بغ	15
8. The name, title or capa	ecity and address of the person(s) who has	s/have authority to manage is/arc:	20.5	Ç	
President	John DiGiovanni, 1175 Peachtree Street	t NE, Suite 840, Atlanta, GA 30361		ω	
Sr. Vice President	Randy L. Josepher, 1175 Peachtree Stre	et NE, Suite 840, Atlanta, GA 30361			
Vice President/Secretary	Jason A. Lazarus, 1175 Peachtree Street	NE, Suite 840, Atlanta, GA 30361			
O. Attached in a certificate	of existence, no more than 90 days old, d	hala and and hard a official harden	wate de a f	saaanda la	- +b-a
urisdiction under the law	of which it is organized (if the certificate	is in a foreign language, a translation of	the certific	ate unde	r oath
of the translator must be se					• • • • • • • • • • • • • • • • • • • •
	propositive of an aut	horized person	•		
	in accordance with section 605.0203 (1) the Department of State constitutes a thir			mation	
montered to a description to	John DiGiovanni, President	a defice felony as provided for in 5.017.	. نان ۽ ڏهن		
	Typed or printed nar	me of signee			

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "INLAND ATLANTIC SEMINOLE MULTIFAMILY,

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 FOURTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 201607506

Date: 01-04-16

5893541 8300 SR# 20160021490

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