

### Florida Department of State

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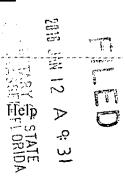
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# Foreign Limited Liability Company SCG Atlas Gatehouse on the Green, L.L.C.

| Certificate of Status | 0        |
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#### COVER LETTER

| r            | Division of Corporation   | ns  |                                    |  |   |  |
|--------------|---|---|------------------------------------|--|---|--|
| SUBJECT      | SCG Atlas Gatehot   | ise on the Green, L.L.C.                                  |                                    |  |   |  |
|              |   | Name of   | Limited Liability (                | Company  |   |  |
|              |   |   |                                    |  | ansact Business in Florida," C<br>y company to transact busine                        |  |
| Please reti  | urn all correspondence  | concerning this matter to the                             | e following:                       |  |   |  |
|              | Tara Anderson   |   |                                    |  |   |  |
|              |   | 1   | lame of Person                     |  |   |  |
|              | Neal Gerber &   | Eisenberg LLP   |                                    |  |   |  |
|              |   | Į.  | irm/Company                        |  |   |  |
|              | 2 N. LaSalle S  | irect, Ste 1700   |                                    |  |   |  |
|              |   |   | Address                            |  |   |  |
|              | Chicago, IL 60  | 602   |                                    |  |   |  |
|              | -   | City/s  | State and Zip Code                 |  |   |  |
|              | tanderson@ngel  | aw.com  |                                    |  |   |  |
|              |   | E-mail address: (to be use                                | d for future annual                | report no                                      | tification)   |  |
| For fluther  | r information concernin   | g this matter, please call:                               |                                    |  |   |  |
| 7            | Fara Anderson   |   | 312<br>at (                        | 269-84   | 164   |  |
|              | Name  | f Contact Person  | Area Code                          | Day  | vtime Telephone Number  |  |
| D<br>R<br>P. | 1AILING ADDRESS:<br>ivision of Corporations<br>egistration Section<br>.O. Box 6327<br>fallahassee, FL 32314 |   |                                    | Division<br>Registrat<br>Clifton E<br>2661 Exc | TADDRESS:  of Corporations cion Section  suilding ecutive Center Circle see, FL 32301 |  |
|              | s a check for the follow<br>I \$125.00 Filing Fee   | ing unount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir<br>Certified Copy | ig Fee &                                       | ☐ \$160.00 Filing Fee, Cert<br>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:

| SCG Atlas Gatehouse o  |  |                                     |                                       |                                |                            | A-111                           |                |
|--|--|-------------------------------------|---------------------------------------|--------------------------------|----------------------------|---------------------------------|----------------|
| (Name of Force   | eign Limited Linbility Company; must inclu   | de "Limited Li                      | iability Compan                       | y,'' '']l(                     | 2.," 01 "].1.0             | J.'')                           |                |
| iability Company," "L.L.C."  | Iternate name adopted for the purpose of tra   | nsacting busin                      | ess in Florida. T                     | he alterna                     | de name mi                 | ist include                     | "Limited       |
| Delaware   | 3.   |                                     | (FEI numb                             |                                |                            |                                 |                |
| (Jurisdiction under the law company is organized)                                | of which foreign limited liability   |                                     | (FEI numb                             | er, if appl                    | icable)                    |                                 |                |
| upon qualification   |  |                                     |                                       |                                |                            |                                 |                |
|  | (Date first transacted business in F (See sections 605.0904 & 605.0905).   | lorida, if prior<br>F.S. to determi | to registration.)<br>ne penalty liabi | ity)                           |                            |                                 |                |
| Two North Riverside I  | Plaza, Suite 400   |                                     |                                       |                                |                            |                                 |                |
| Chicago, IL 60606  |  |                                     |                                       |                                |                            |                                 |                |
|  | (Street Address of Princip   | al Office)                          |                                       |                                |                            |                                 |                |
| Two North Riverside P  | Plaza, Suite 400   |                                     | <del> </del>                          |                                | <del></del> ;              | 72                              |                |
| Chicago, IL 60606  |  |                                     |                                       |                                | ,                          | 15                              | €er U gang     |
|  | (Mailing Addres  | s)                                  |                                       |                                |                            |                                 | \$ - <u>\$</u> |
| '. Name and street addres  | ss of Florida registered agent: (P.O. Bo   | x NOT acce                          | ptable)                               |                                |                            |                                 | Section 1      |
| Name:  | C T Corporation System   |                                     |                                       |                                |                            |                                 |                |
| Office Address:  | 1200 South Pine Island Road  |                                     |                                       |                                | 원.).<br>제8.                | مر<br><u>ب</u>                  |                |
|  | Plantation   |                                     | , Florida _                           | 3324                           | 5H                         | W                               |                |
|  | (City)   |                                     |                                       | (Zip co                        | de)                        | ~_                              |                |
| lesignated in this applica<br>a complywith the provisi                           | registered agent and to accept service of<br>titon, I hereby accept the appointment<br>tons of all statutes relative to the prope<br>my position as registered agent.  CT Corporation System  (Registered ag | us registered<br>r and comple       | agent and agate performant            | ree to acc<br>se of my<br>Jame | t in this ca               | pacity. I<br>d I am fo<br>alpin | further ag     |
|  | (१८०प्टाडाबाक्त स  | icu, a signatur                     | e)                                    |                                |                            |                                 |                |
| -  | acity and address of the person(s) who l   | nas/have auth                       | ority to manag                        | e is/arc:                      |                            |                                 |                |
| ERP Operating Limited P  | armership , Member   |                                     |                                       |                                |                            |                                 |                |
| Two North Riverside Plaz   | za, Suite 400  |                                     |                                       |                                |                            |                                 |                |
| Chicago, IL 60606  |  |                                     |                                       |                                |                            |                                 |                |
| Attached is a certificate urisdiction under the law of the translator must be so | of existence, no more than 90 days old<br>of which it is organized. (If the certific<br>ubmitted)  | l, duly authen<br>ate is in a fore  | ticated by the<br>eign language,      | official h<br>a transla        | aving cust<br>tion of the  | ody of re                       | cords in the   |
|  | Carolia Ho<br>Signature of an  | authorized per                      | son) VP                               |                                |                            |                                 |                |
| This document is executed  | d in accordance with section 605.0203 (<br>the Department of State constitutes a f   | 1) (b), Florid                      | a Statutes, I an                      | aware t                        | hat any fal-<br>re.817.155 | se inform<br>5, F.S.            | nation         |
| acampica ir a document t   | Caroline Hammond, Authorized Sign  |                                     | , <b>p</b> ( ).                       |                                |                            |                                 |                |

Typed or printed name of signee

ERP Operating Limited Partnership

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCG ATLAS GATEHOUSE ON THE GREEN, L.L.C." 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 TWELFTH DAY OF JANUARY, A.D. 2016.

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

5914984 8300 SR# 20160168713

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

Authentication: 201656627

Date: 01-12-16