### Florida Department of State

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Phone : (850) 205-8842
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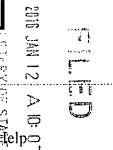
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## Foreign Limited Liability Company SCG ATLAS SABAL POINTE, L.L.C.

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#### COVER LETTER

TO:	Registr Divisio	ration Section n of Corporatio	ns				
ei in ii		G Ailas Sabal Po	ointe, L.L.C.				
SUBJI	5C1;		Name o	f Limited Liability (	Company		
The en Exister	closed "A nce, and cl	pplication by For heck are submitte	reign Limited Liability Con d to register the above refe	npany for Authoriza renced foreign limit	ition to 'f'r ted fiabilit	ansact Business in Florida," Co y company to transact business	ertificate of s in Florida
Please	return all	correspondence	concerning this matter to th	e following:			
		Tara Anderson					
			1	Name of Person			
		Neal Gerber &	Eisenberg LLP				
				Firm/Company			
		2 N. LaSalle S	treet, Ste 1700				
				Address	· · · · · · · · · · · · · · · · · · ·		
		Chicago, IL 60	602				
			City/s	State and Zip Code			
		tanderson@ngels	nw.com				
	-		E-mail address: (to be use	ed for future annual	report not	tification)	
For fun	ther inforr	nation concernin	g this matter, please call:				
	Tara Ai	nderson		312 at (	269-84	64	
	•••	Name o	f Contact Person	Area Code	Duy	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 see, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section ullding cutive Center Circle see, FL 32301	
Enclose		ck for the follow .00 Filing Fec	ing amount:  □ \$130.00 Filing Fee &  Cortificate of Status	☐ \$15\$.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certiful of Status & Certified Copy	ficate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYING TRANSACTER KINESS INTHE SECTION OF STADICA.

SCG Atlas Sabal Pointo						
(Name of Fore	ign Limited Liability Company; mu	ist include "Limited Liabil	ity Company,""L.L	.C.," or "LI	LC.")	
iability Company," "L.L.C."	ternate name adopted for the purpos " or "LLC.")	e of transacting business i	n Florida. The after	nate name o	nust inclu	le "Limited
Delaware		3				
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if ap	plicable)		
upon qualification						
	(Dute first transacted busine (See sections 605,0904 & 605	oss in Florida, if prior to re i.0905, F.S. to determine p	gistration.) enalty liability)			
Two North Riverside P	laza, Suite 400			hh		
Chicago, IL 60606					ŗ.	
	(Street Address of	Principal Office)			6000 6000	
Two North Riverside P	laza, Suite 400	· · · · · · · · · · · · · · · · · · ·			( ) <u>                                     </u>	r
Chicago, IL 60606				100 20		graduna.
	(Mailing	Address)			$\sim$	
. Name and street address	g of Florida registered agent: (P	O. Box <u>NOT</u> acceptab	ile)	in Sign	Ď	(
Name:	C T Corporation System			器艺	Ċ	
Office Address:	1200 South Pine Island Road			ΞM	7	
Office Address.	Plantation	,	33324			
	(City)	·	Florida 33324 (Zip c	ode)		
esignuted in this applical complywith the provision	gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. CT Corporation S By:  (Regis	itment as registered age proper and complete p	ent and agree to a performance of m	et in this c v duties, a	apacity. nd 1 am i	I further o
3. The name, title or capa ERP Operating Limited Pa	city and address of the person(s	) who has/have authority		:		
Two North Riverside Plaz	a, Suite 400					
Chicago, IL 60606						
D. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 do of which it is organized. (If the c abmitted)	ays old, duly authentical certificate is in a foreign	ted by the official language, a trans	having custation of th	stody of r	records in t ate under c
	<u>favia</u>	Har	V.C.			
	Signatur	e of an authorized person				
his document is executed aboutted in a document to	in accordance with section 605, the Department of State constit	.0203 (1) (b), Florida Stautes a third degree felon	atutes. I am nware y as provided for	that any fi in <b>s.</b> 817.15	alse infore 55, F.S.	mation
	Caroline Hammond, Authorize	d Signatory of				
	Typed or	printed name of signee				

ERP Operating Trimited Partnership

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SCG ATLAS SABAL POINTE, 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.

at corp delaware gov/aut

Authentication: 201656617

Date: 01-12-16

5914995 8300 SR# 20160168645

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