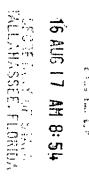
# 1416000006591

(Re	questor's Name)				
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Cit	y/State/Zip/Phone	#h			
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PICK-UP	WAIT	MAIL			
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(00)	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



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AUG 1 8 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 256203 8034335

AUTHORIZATION : Smell legge

COST LIMIT : '\$' 1\25.00

ORDER DATE : August 16, 2016

ORDER TIME : 3:0 PM

ORDER NO. : 256203-010

CUSTOMER NO: 8034335

#### FOREIGN FILINGS

NAME: ICON MIRAMAR PARKING PARCEL

OWNER POOL 2, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

TO: Registration Section

Div	Division of Corporations						
SUBJECT:	Icon Miramar Park	ng Parcel Owner Pool 2, LL	.c				
Name of Limited Liability Company							
		reign Limited Liability Com ed to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Michelle LaPe	lle					
	Name of Person						
	c/o GLP US Management LLC						
	Firm/Company						
	Two North Riverside Plaza, Suite 2350						
	Address						
	Chicago, Illinois 60606						
	City/State and Zip Code						
	mlapelle@glpro	o.com					
		E-mail address: (to be used	d for future annua	l report not	ification)		
For further in	nformation concernin	g this matter, please call:					
Mic	chelle LaPelle		312 at (	940-53	00		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Parcel Owner Pool 2, LLC		
(Name of For	eign Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "	LLC.")
Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting but " or "LLC.")	siness in Florida. The alternate name	e must include "Limited
2. Delaware	3. N/A		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to deter	or to registration.)	
5. Two North Riverside I	Plaza, Suite 2350, Chicago, Illinois 60606		
<del></del>	(Street Address of Principal Office)		************************************
6. Two North Riverside P	laza, Suite 2350, Chicago, Illinois 60606		<b>5</b>
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT ac	ceptable)	
Name:	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	
Office Address:	1201 Hays Street	<del></del>	<b>5</b>
	Tallahassee	, Florida	
	(City)	(Zip code)	
designated in this application to complywith the provision to the complywith the complex to the compl	gistered agent and to accept service of process fortion, I hereby accept the appointment as registered one of all statutes relative to the proper and company position as registered agent.  Corporation Service Company  By:  (Registered agent's signant	ed agent and agree to act in this slete performance of my duties,	capacity. I further agree
P. The 4141	/		1 Tosidelli
Icon Newco Pool 2, LLC,	city and address of the person(s) who has/have au Member	inority to manage is/are:	
	a, Suite 2350, Chicago, Illinois 60606		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authors which it is organized. (If the certificate is in a for abmitted)	oreign language, a translation of	ustody of records in the the certificate under oath
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Flori the Department of State constitutes a third degree	da Statutes. I am aware that any	false information
	Michelle LaPelle	· -	

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ICON MIRAMAR PARKING PARCEL OWNER POOL

2, 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 SEVENTEENTH DAY OF AUGUST, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICON MIRAMAR PARKING PARCEL OWNER POOL 2, LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202840158

Date: 08-17-16

6125321 8300 SR# 20165398036