Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations	سبي
	Fax Number : (850) 617-6383	
E		723
From:	Account Name : C T CORPORATION SYSTEM	
	Account Number: FCA000000023	ďΰ
	Phone : (850)205-8842	
	Fax Number : (850)878-5368	a)
	the email address for this business entity to be used for fuual report mailings. Enter only one email address please.** il Address:	ture
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COVER LETTER

TO:		ation Section 1 of Corporation	s				
SUBJE		1351 NW 78, LL					
			Name of L	imited Liability C	ompany		
The end Existen	closed "A ce, and ch	pplication by Fore seck are submitted	eign Limited Liability Compa I to register the above referer	iny for Authorizat iced foreign limite	ion to Trar ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida
Please	return all	correspondence co	oncerning this matter to the f	ollowing:			
		Rondi C. Needl	er				
			Na	ne of Person			
	Batack Ferrazzano Kirschbaum & Nagelberg LLP						
	Firm/Company						
	200 West Madison Street, Suite 3900						
				Address			
	Chicago, IL 60606						
			City/Sta	ite and Zip Code			
rondi.needler@bfkn,com							
		·	E-mail address: (to be used	for future annual	report noti	fication)	
For fur	ther infor	mation concerning	this matter, please call:				
	Rondi	C. Needler		312 at (629-733		
		Name o	f Contact Person	Area Code	Dayt	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahaesee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations on Section ailding cutive Center Circle		
Enclos		eck for the follow i.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LUBILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

					······	•
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purp " or "LLC.")	ose of tra	nsacting business	s in Florida. The alternate nan	ae must include "Lim	iited
2. Delaware		3	Applied For			
	of which foreign limited liability	2.		(FEI number, if applicable)	<u> </u>	,
4. Upon Qualification						
-	(Date first transacted bus (See sections 605.0904 & 6	iness in F 05.0905,	lorida, if prior to F.S. to determine	registration.) penalty liability)	-	
5. 311 South Wacker Dri					_	
Chicago, IL 60606						<u>.</u>
	(Street Address	of Princip	al Office)		_	// ⊃ ::::
6. 311 South Wacker Driv	ve, Suite 3900				<u>.</u>	
Chicago, IL 60606					•	- :::
	(Mailir	g Addres	s)		-	
7. Name and street address	s of Florida registered agent:	(P.O. Bo	x NOT accepta	ible)	-	
Name:	C T Corporation System			_	•	**
Office Address:	1200 South Pine Island Roa	d				თ
	Plantation			, Florida <u>33324</u>		
Registered agent's accep	(City)			(Zip code)		
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept stion, I hereby accept the appoons of all statutes relative to tomy position as registered agen ET Corporation	intment he prope it. System	as registered a	gent and agree to act in the performance of my duties Color Kristir	is capacity. I furth	ier agree
2. The name title at one	scity and address of the person	(e) volus!	an Arava muther	ity to monors is large		
•	aSalle Street, Suite 1940, Chi-	•		•		
						
	of existence, no more than 90 of which it is organized. (If the abmitted)					
	Signat	cre of an	authorized persor	- 	-	
This document is against	Lin accordance with vection 60				u fulus information	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rondi C. Needler, Authorized Representative

Typed or printed name of signeo

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FR 1351 NW 78, 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 OCTOBER, A.D. 2016.

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

6172212 8300

SR# 20166065496

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

Authentication: 203106945

Date: 10-04-16