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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (latitude) | | | | | |
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| (Ci | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | usiness Entity Nar | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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S Warren DEC 08 2016 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 392890 7934621

AUTHORIZATION :

COST LIMIT : \$ (160.00

ORDER DATE: December 6, 2016

ORDER TIME : 3:36 PM

ORDER NO. : 392890-020

CUSTOMER NO: 7934621

FOREIGN FILINGS

NAME: 8000 WEST SUNRISE LOT E, LLC

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|--|--|--|---|--|--|--|
| SUBJE | 8000 West Sunrise Lot E, LLC | | | | | |
| | | Name of Limited Liability C | отралу | | | |
| The end Existen | losed "Application by Foreign Limited Lice, and check are submitted to register the | ability Company for Authorizate above referenced foreign limit | ion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida | | | |
| Please | eturn all correspondence concerning this | matter to the following: | | | | |
| | Michael Burns | | | | | |
| | Name of Person | | | | | |
| | Torburn Partners Inc. | | | | | |
| Firm/Company | | | | | | |
| 1033 Skokie Boulevard, Suite 480 | | | | | | |
| | | Address | | | | |
| | Northbrook, Illinois 60062 | | | | | |
| | City/State and Zip Code | | | | | |
| mburns@torburn.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For fur | ther information concerning this matter, p | lease call: | | | | |
| | Randal J. Selig, Esq. | at (| 374-4201 | | | |
| | Name of Contact Person | on Area Code | Daytime Telephone Number | | | |
| MAJLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |
| Enclos | ed is a check for the following amount: \$\Boxed{1}\$125.00 Filing Fee \$\Boxed{1}\$130.00 F\$ Certificate o | - | | | | |

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:

| 1. 8000 West Sunrise Lot | E, LLC | | |
|---|--|--|--|
| (Name of Fore | eign Limited Liability Company; must include "Limite | d Liability Company," "L.L. | C.," or "LLC.") |
| (If name unavailable, enter a Liability Company," "L.L.C, | Iternate name adopted for the purpose of transacting b | usiness in Florida. The alterna | ate name must include "Limited |
| 2 Delaware | 3 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if appl | icable) |
| 4. Upon filing | | | |
| | (Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to dete | rior to registration.) | <u> </u> |
| 5. 1033 Skokie Boulevar | | , and position, | |
| Northbrook, Illinois 60 | | | THE TARY OF A |
| | (Street Address of Principal Office) | | (22 - m |
| 6. 1033 Skokie Boulevard | d, Suite 480 | | |
| Northbrook, Illinois 60 | 0062 | | STATE FLORIDI |
| | (Mailing Address) | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box NOT a | ccentable) | D |
| Name: | Corporation Service Company | | |
| Office Address: | 1201 Hays Street | | |
| | Tallahassee | , Florida 32301 | |
| | (City) | (Zip co | de) |
| designated in this applica to complywith the provisi | rance: registered agent and to accept service of process fation, I hereby accept the appointment as registe ions of all statutes relative to the proper and containing position as registered agent. Corporation Service Company By: (Registered agent's signal. | red ugent and agree to uch plete performance of my | t in this capacity. I further agree |
| 8 The name title or can | acity and address of the person(s) who has/have a | uthority to manage ic/are: | |
| • | Illinois corporation, as Manager | unomy to manage istate. | |
| 1033 Skokie Boulevard, S | Suite 480 | | |
| Northbrook, Illinois 6006 | 32 | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | of existence, no more than 90 days old, duly aution of which it is organized. (If the certificate is in a ubmitted) Signature of an authorized | foreign lunguage, a texnsla | aving custody of records in the tion of the certificate under oath |
| This document is executed | d in accordance with section 605.0203 (1) (b), Flo | . / | hat any false information |
| submitted in a document to | the Department of State constitutes a third degree Randal J. Selig | e felony as provided for in | s.817.155, F.S. |
| | ranual J. Jeng | | |

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 "8000 WEST SUNRISE LOT E, 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 SEVENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "8000 WEST SUNRISE LOT E, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2016.

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

Authentication: 203465449

Date: 12-07-16

6240593 8300 SR# 20166956169