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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Phone

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Foreign Limited Liability Company Urban Neighborhood Florida III, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Y SULKER

TO:

Registration Section

COVER LETTER

		Name of Limited Liability Company			
The enclosed Existence, a	d "Application by Fo nd check are submitt	oreign Limited Liability Com-	pany for Authorizati	on to Tr	ansact Business in Florida," Certifica y company to transact business in Flo
Please return	i all correspondence	concerning this matter to the	following:		
	PHYLLIS B.	KAPLAN			
	***************************************	N	aine of Person		
	DLA PIPER I				
	Firm/Company				
	203 N. LaSall	e St., Suite 1900			
	 	and the second s	Address	<u>-</u>	
	CHICAGO. 1	L 60601			
		City/S	tate and Zip Code		
	phyllis.kaplan@	• • •			
		E-mail address: (to be use	d for future ennual	eport no	tification)
or further it	nformation concerni	ng this matter, please coll:			
PH	YLLIS B. KAPLAY	of Contact Person	312	368-21	48
-	Name	of Contact Person	Area Code	Day	ytime Telephone Number
MAILING 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		of Corporations Non Section Building ecutive Center Circle	
	check for the follow 125,00 Filing Fee		© \$155.00 Filing Certified Copy		

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

IN COMPLIANCE WITH SECTION 605 (902 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIBITITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	HOOD FLORMA III, LLC		W. C.
TO SHIEV.)	rigit Climited : isotory Company; must include >	annied Lisbondy Company, 11 C.D.C., or	"(a.(")
Liability Company," "L.L.C."	ternate name adopted for the purpose of wansact " or "LLC.")	mg business in Florida. The alternate nam	ne must include "Limited
DELAWARE	3.		
(Jarisdiction under the faw company is organized)	of which foreign limited liability	(FEI number, if applicable)	,
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	i, if prior to registration.) o determine penalty liability)	_
30 South Wacker Dr.,	Suite 2750	<u> </u>	_
Chicago, II. 60606	(Street Address of Principal Of	lize.	
5. 30 South Wacker Dr., S	Suite 2750		_
Chicago, 11, 60606	XIII		_
 Name and street address 	is of Florida registered agent: (P.O. Box <u>N</u>	QT acceptable)	
Name:	CT CORPORATION SYSTEM		
Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	Florida 33324 (Zip cade)	
designated in this applica o complywith the provision occept the obligations of i	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my pusition as registered agent. CT CORPORATION SYSTEM By: (Registered Speny)	gistered agent and agree to uct in the complete performance of my duties James M. Ha James M. Ha James Market Secre	is capabily. I further agree, and fam familion with a salpin
	icity and address of the person(s) who has/h od Holdco, LLC, Member	ave authority to manage is/are:	
30 S. Wacker Drive	s. Suite 2750		
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, dul of which it is organized. (If the cortificate is ubmitted) Signature of an autho	in a foreign language, a translation o	custody of records in the f the certificate under oath
	Signature of an autho	rized person	
	t in accordance with section 605,0203 (1) (by the Department of State constitutes a third Scott McMillan		
	Typed or printed name	of signee	-

Authorized Person



Page 1

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

DELAWARE, DO HEREBY CERTIFY "URBAN NEIGHBORHOOD FLORIDA III, 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 JANUARY, A.D. 2017.

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

6279732 8300 SR# 20170278889

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

Authentication: 201883100

Date: 01-17-17