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Foreign Limited Liability Company Islamorada, FL (81984 Overseas) LLC

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Division of Corporations

January 20, 2017

FLORIDA DEPARTMENT OF STATE

C T CORPORATION SYSTEM

SUBJECT: ISLAMORADA, FL (81984 OVERSEAS) LLC

REF: W17000004598

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H17000017996 Letter Number: 417A00001207 Registration Section

COVER LETTER

Div	ision of Corporation	18						
SUBJECT:	ISLAMORADA, FI	L (81984 Overscos) LLC						
	Name of Limited Liability Company							
The enclosed Existence, an	l "Application by For d check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authorizati enced foreign limite	on to Transact Business in Flori d liability company to transact b	dn," Certificate of ousiness in Florida.,			
Please return	all correspondence of	concerning this matter to the	following:					
	Elizabeth A. In	ving						
Name of Person								
	InSite Real Est	ate, L.L.C Legal Departme	ant					
	Firm/Company							
	1400 16th Street, Suite 300							
Address								
Oak Brook, IL 60523								
City/State and Zip Code								
	birving@insitere	alestate.com			•			
		E-mail address: (to be used	l for future annual r	eport notification)				
For further in	formation concerning	g this matter, please call:						
Eli	abeth A. Irving		630	617-9129				
	Name o	f Contact Person	Area Code	Daytime Telephone Numb	cr			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tollahassec, FL 32314		1	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301					
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee & S160.00 Filing Fe of Status & Certified				

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: ISLAMORADA, FL (81984 Overseas) LLC (Name of Foreign Limited Linbility Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter akernate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is greanized) 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1400 16th Street, Suite 300 Oak Brook, IL 60523 (Street Address of Principal Office) 1400 16th Street, Suite 300 Oak Brook, IL 60523 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation 33324 Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place and designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my posiston as registered agent 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Accruit Exchange Accommodation Services LLC, 1331 17th Street, Suite 1250, Denver, CO 80202 Manager 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person

This document is executed in accordance with acction 605.0203 (1) (b), Fiorida 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.

Robin Rash, Authorized Signatory

Typed or printed name of signee

File Number

0600336-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ISLAMORADA, FL (81984 OVERSEAS) LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 18, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of JANUARY A.D. 2017.

Authentication #: 1701901548 verifiable until 01/19/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE