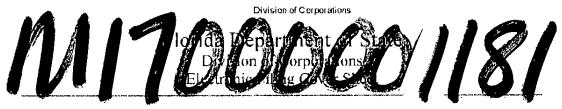
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company Core Campus Developer - Orlando Colonial, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

FEB 10 2017

COVER LETTER

TO:		istration Section islon of Corporati	200				
SUBJE	cer:	Core Campus Dev	eloper – Orlando Colonial, I	rc			
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Picaso	return	all correspondence	concerning this matter to the	c following;			
		Jennifer Vinc	iguerra				
		The same of the sa	ŀ	lame of Person			
		Fox Rothschij	d LLP				
		***************************************	J	irm/Company		***************************************	
		2700 Kelly R	ond, Suite 300				
				Address		and the second second second to the second 	
		Warrington, P	A 18976				
			City/S	State and Zip Cod	t		
		jvinciguerra@f	oxrothschild.com			 1	
			B-mail address: (to be use	d for future annu-	il report notifice	ntion)	
For furt	her in	formation concerni	ng this matter, please call:			स्त्री हैं।	
	Jennifer Vinciguerra			215 nt (918-3588	3 - 9 ASSE	
		Namo	of Contact Person	Area Code	Daytime	Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327				STREET AL Division of C Registration S Clifton Build	orporations Section	
		hassee, FL 32314				ve Center Circle	
Enclose		check for the follow 25.00 Filing Fee	wing amount: 13 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy		\$160.00 Filing Fee, Certifi Status & Certified Copy	cate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTIS, THE POLICIHING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS BY THE STATE OF FLORIDA: 1 Core Campus Developer - Orlando Colonial, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1643 N. Milwaukee Ave. Chicago, IL 60647 (Street Address of Principal Office) 1643 N. Milwaukce Avc. Chicago, IL 60647 (Mailing Address) 7. Name and street address of Plotida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Florida 33324 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 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 position as registered agent. James M. Halpin Assistant Secretary
(Registered agent's eignature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Marc Lifshin - Manager of Core Campus Manager, LLC, the manager of Core Campus Developer, LLC - Orlando Colonial Series, the sole member of Core Campus Developer, LLC - Orlando Colonial Series 1643 N. Milwaukee Ave., Chicago, IL 60647 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 cortificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605,0203 (1) (b), Plorida 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 a.817.155; F.S.

Signature of an authorized person

Mare Lifshin

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CORE CAMPUS DEVELOPER - ORLANDO

COLONIAL, 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 EIGHTH DAY OF

FEBRUARY, A.D. 2017.

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

6281679 8300

SR# 20170755008

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

Authentication: 202008251

Date: 02-08-17