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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 		

Foreign Limited Liability Company FR 550 Gills Drive, LLC

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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. FR 550 Gills Drive, LL (Name of Fore		ist incli	ide "Limited Link	ility Company," "L.L.C.," or "L.L.C.	")		
(If name unavailable, enter al Liability Company," "L.L.C.		se of tr	nsacting busines	s in Florida. The alternate name mus	t include "Limited		
2 Delaware		7	Applied For				
(Jurisdiction under the law company is organized)	of which foreign limited liability	3.		(FEI number, if applicable)			
4. Upon Qualification							
	(Date first transacted busing (See sections 605,0904 & 60	ess in F 5.0905,	Torida, if prior to F.S. to determine	registration.) penalty liability)			
5. 311 S. Wacker Drive,	Suite 3900			· · · · · · · · · · · · · · · · · · ·			
Chicago, IL 60606							
	(Street Address of	Princip	al Office)		بيد. چ		
6. 311 S. Wacker Drive, S	Suite 3900						
Chicago, IL 60606							
	(Mading	Addic	(8)		17 MAR -1		
7. Name and street addres	s of Florida registered agent: (I	.O. B	x NOT accept	ible)	=======================================		
Name:	C T Corporation System		D4 # - 11 - 12 - 14 - 14 - 14 - 14 - 14 - 14	-	ය. ය		
Office Address:	1200 South Pine Island Road			_	26		
	Plantation			, Florida 33324 (Zip code)			
Registered agent's accep-	(City)			(Zip code)			
Having been named as red designated in this applica- to complywith the provision accept the obligations of the	gistered agent and to accept se tion, I hereby accept the appoin ons of all statutes relative to the	ument prope	us registered up r and complete	e above stated limited liability co gent and agree to act in this capa performance of my duties, and Kristin Bolden Assistant Secretary	acity. I further agree		
	(Regi	tered a	gent's signature)				
8. The name, this or capa	city and address of the person(s) who	has/have author:	ity to manage is/are:			
CDECRE, LLC, its sole n	•	,		,			
135 S. LaSalle Street, Suit	te 1940, Chicago, IL 60603				********		
, , , , , , , , , , , , , , , , , , , ,	,						
	1						
jurisdiction under the law of the translator must be si	of which it is organized. (If the	ertific	ate is in a forcig	ated by the official having custoc in language, a translation of the c	ly of records in the ertificate under oath		
	Signitize.	0 (1 (11)	accinostrated peraist				
This document is executed submitted in a document to	in accordance with section 605 the Department of State constitution	0203 (utes a	1) (b), Florida S third degree felo	statutes. I am aware that any false ny as provided for in s.817.155, l	information F.S.		

Rondi C. Needler, Authorized Representative

Typed or printed name of signee

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FR 550 GILLS DRIVE, 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2017.

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

6330495 8300 SR# 20171431196

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

Authentication: 202115267

Date: 02-28-17