Division of Corporations

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Division of Corporations

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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..

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Foreign Limited Liability Company Hawthorn IL Tenant, LLC

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D. SCOTT 8 2017

COVER LETTER

UBJECT:	Hawthorn IL Tenant	, L.I.C				
OBJECT:	Name of Limited Liability Company					
he enclosed Existence, ar	Papplication by For ad check are submitted	eign Limited Liability Comp I to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liabilit	ansact Business in Florida," y company to transact busine	Certificate ess in Flori
lease return	all correspondence c	oncerning this matter to the	following:			
	Jill Henry					
		N:	ame of Person			
	Hawthorn Deve	dopment LLC				
		Fi	пп/Company			
	9310 NE Vanci	ouver Malf Dr Suite 200	:			
Address						
	Vancouver, W	\ 98662				
		City/S	tate and Zip Code			
	Jill.Henry@Haw	thom:et.com				
		E-mail address: (to be use:	for future annual	report no	tification)	
or further in	nformation concernin	g this matter, please call:				
Jill	Henry		503 at (586-73	308	
	Name o	f Contact Person	Area Code	Day	ytime Telephone Number	
Div Reg P.O	ilLING ADDRESS: ision of Corporations distration Section Box 6327 Inlinssee, FL 32314			Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	1
	a check for the follow \$125.00 Filing Fee	ing amount: \$\infty\$	□ \$155.00 Filii Certified Copý	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTOMPANY TO TRANSACT BU	TION 605 (D62, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO RE	GISTER A FOREK	ON LIMITED IL (E	ירדעונו.
, Hawthorn IL Tenant, L	LC				
(Name of Fore	ign Limited Liability Company; must incl	ade "Limited Liability Company," "	L.L.C.," or "LLC.")	
eta State and at	ternate name adopted for the purpose of tr	annuting luciples in Florida. The al	temple name must	include "Limited	
Liability Company," "L.L.C,"	" or "LLC.")		termate transc title	morade (Jumpa)	
2. Washington	of which foreign limited liability	\$2-2332386 (FEI number, if			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(I-151 number, if	applicable)		
4.	(Date first transacted business in I (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)			
5. 9310 NE Vancouver			12/82		
Vancouver, WA 986	=		<u> </u>		
2 9310 NE Vancouver M	(Street Address of Principal) all Dr Suite 200	pal Office)			
Vancouver, WA 9866	?				
	(Mailing Addre	SS)			
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)			
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation	, Florida 3332. (Zi	4		
		(Zi	p code)		
designated in this applicate complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the propo my position as registered agent. CT Corporation System By:	t us registered agent and agree to er and complete performance of	o act in this capa my duties, and i	icity. I further i	igree th and
	(Registered n	igent's signature)		, ,	•
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manage is/	are:	. 1	
Hawthorn IL Propco, LP	- Manager				
9310 NE Vancouver Mal	Dr Suite 200			<u> </u>	3
Vancouver, WA 98662				· ·	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days of of which it is organized. (If the certific ubmitted)	d, duly authenticated by the offic cate is in a foreign language, a tra	ial having custod instittion of the co	y of records in t ertificate under c	ne iath
	July Werse Signature of an	Authorized person			
This document is executed submitted in a document to	d in accordance with section 605.0203 to the Department of State constitutes a	(1) (b), Florida Statutes. I am aw third degree felony as provided f	are that any false or in s.817.155, I	information F.S.	
	Jill Henry - Authorized Representati				

Typed or printed name of signee

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HAWTHORN IL TENANT, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 7/20/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: August 4, 2017

UBI: 604-150-917

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

