1117000010293

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ıling Officer:	

Office Use Only



300306085893

FILEU 2017 DEC -6 AM II: 07 SECRETARY OF STATE

2017 DEC -6 PH 4 23

K. SALY DEC - 7 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500		
ACCOUNT NO. : 12000000195 REFERENCE : TN/VPIC SAWGRASS POINTE I, LLC (TERRY F AUTHORIZATION : STEER SCENE COST LIMIT : \$125.00		
ORDER DATE : 12/06/2017		
ORDER TIME : :		
ORDER NO. :		
CUSTOMER NO: TN/VPTC SAWGRASS POINTE I, LLC		
FOREIGN FILINGS		
NAME: TN/VPTC SAWGRASS POINTE I, LLC		
XXXX LLC QUALIFICATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XXX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Roxanne Turner EXT# 62969		
EXAMINER:		

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: TN/VPTC Sawgrass Pointe I, 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.") 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) 130 E. Randolph Street, Suite 2100 Chicago, IL 60601 (Street Address of Principal Office) 130 E. Randolph Street, Suite 2100 Chicago, IL 60601 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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 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 dutiproper from funding with and accept the obligations of my position as registered agent.

Corporation Service Company Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: VPTC-Sawgrass Pointe I, LLC - 130 E. Randolph Street, Suite 2100, Chicago, IL 60601 - member 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 section 605.0203 (1) (b), Florida 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.

Typed or printed name of signee

Casey R. Wold

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TN/VPTC SAWGRASS POINTE I, 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 SIXTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TN/VPTC SAWGRASS POINTE I, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2017.

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

2017 DEC -6 AM II: 07
SECRETARY OF STATE
FALLAHASSEE, FI ABID,

Jeffrey W. Bulliaca, Secretary of State

Authentication: 203697477

Date: 12-06-17

6638036 8300 SR# 20177414595