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(Requesto	r's Name)			
(Address)				
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	WAIT MAIL			
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010 4 S. PRATHER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 511243 7295265 AUTHORIZATION : TOST LIMIT : \$125.00 ORDER DATE : December 3, 2018 ORDER TIME : 3:06 PM ORDER NO. : 511243-005 CUSTOMER NO: 7295265

FOREIGN FILINGS

NAME: BANNER ORLANDO DEVELOPER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 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 FOREKEN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Banner Orlando Developer, LLC 1

f name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flo	oride. The alternate name must include "Limited Liability C	
Delaware	thich foreign limited liability company is organized)	3(FEI number, if	
	(Date first trancacted brainess in Florida, if prior to (See sections 665.0904 & 605.0905, F.S. to determ	registration.)	- 2
500 Skokie Blvd. Suite (Stree Address off Northbrook, IL 60062	: 600	6. 500 Skokie Blvd., Suite 600 (Mailing Address) Northbrook, IL 60062	2018 DEC -3
Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	AN 9: 22 SEE. FL
Office Address:	1201 Hays Street Tallahassee	, Florids 32301	

Π

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 comply with 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.

(Registered agent's signature)	
Corporation, Service Company	Asst. Vice President
Company	Roxanne Turner

(Zip code)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Canacity: Mome and Add

(Crty)

The of Capacity:	iname and Address:	Title or Capacity:	Name and Address:
managing member	Banner Multifamily, LLC 500 Skokie Blyd., Suite 600 Northbrook, IL 60062		
			_

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

Thomas Suminski, Vice President of manager

Typed or printed name of signes



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BANNER ORLANDO DEVELOPER, 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 THIRD DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BANNER ORLANDO DEVELOPER, LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2018.

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



Authentication: 204010884 Date: 12-03-18

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SR# 20187927579 You may verify this certificate online at corp.delaware.gov/authver.shtml