

Florida Department of State

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL SERVICES, INC. Account Number: 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622 **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 29SC GP PIENZA LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA BY COMPLIANCE WITH SECTION 603,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIMITARY COMPANY TO TRANSACT BUSINESS IN THE STATE OF HURIDA 1, 29SC GP Pienza LLC [Name of Foreign Limiked Liability Company, must include "Limited Liability Company," (L.L.C.," or "I.L.C.") Of norms and calabite, enter all smalls name adopted for the purpose of increacing business in Florids. The attenues come used soluble "Limited Liabitary Company," "LLC," or "LLC,") the under the lave of which fereign is aired liability company is organized) 343 W. Erle St, Sulte 300 5. 343 W. Erle St, Suite 300 (Small Addisso of Principal Office) Chicago, IL 60654 Chicago, IL 60654 7. Name and street address of Piorida registered agent: (P.O. Box. NOT accoptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue 2nd Fl Office Address: Tallahasseo (Cut) Having been named as registered agent and to accept vervice of process for the above stated limited limited limited inbility 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 Peggy Calder, Assistant Secretary on and accept the obligations of my position as registered agent. behalf of Capitol Corporate Services, Inc. 8. The name, little or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity; Name and Address: Title or Canacity: 29SC Woodlake, LP Managing Member 343 W. Erie St, Suite 300 Chicago, IL 60654 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the afficial 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, U.S. Stan Beraznik Typed or present same of the

Delaware

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

DELAWARE, DO HEREBY CERTIFY "29SC GP PIENZA 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 THIRTIETH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "29SC GP PIENZA LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2019.

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

7260363 8300 SR# 20190604732

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Date: 01-30-19