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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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ate:	11/22/2019		
	Acc#I20160000072	- w:	
HSRE In	finity Hall Owner, LLC (D	DE)	
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Thank you

COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	HSRE Infinity Hall O	wner, LLC				
.,		Name of	f Limited Liability	Company	-	
The enclosed Existence, and	"Application by Foreid check are submitted	ign Limited Liability Con to register the above refe	npany for Authoriz renced foreign lim	ation to Transact Busir ited liability company t	ness in Florida." (to transact busine	Certificate of ss in Florida
Please return	all correspondence co	ncerning this matter to th	e following:			
	Ruth A. Cordes					
		:	Name of Person			
	DLA Piper LLP	(US)				
		1	Firm/Company			
	444 W. Lake St	Ste. 900				
	•		Address			
	Chicago, IL 6060	06-0089			20 S 1A:	
		City/	State and Zip Code	e	L A	
	ruth.cordes@dlapi	per.com			20 9 NOV 2	
		E-mail address: (to be us	sed for future annua	il report notification)		[]
For further in	formation concerning	this matter, please call:				
Rutl	h A. Cordes		312 at (368-2151	STATE STATE	
	Name of	Contact Person	Area Code	e Daytime Telep	hone Number	
Divi Regi P.O.	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		tions ter Circle			
Encl Plea	losed is a check for the se make check payabl	e following amount: e to: FLORIDA DEPAF	RTMENT OF STA	ATE		
	\$125.00 Filing Fee	S130.00 Filing Fee Certificate of S			\$160.00 Filing F of Status & Certi	

 $(\mathbf{r}_{i,k})_{i=1,\ldots,k} = (\mathbf{r}_{i,k})_{i=1,\ldots,k}$

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:

f name unavailable, enter alternate n			
	nne adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC,")
Delaware		84-2642874 3.	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3(FEI mu	mber, if applicable)
upon qualification			7;
·	{Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) une penalty liability)	19 X
444 W. Lake St.		444 W. Lake St.	[7]L 2019 NOV 2 SECRETA
(Street Address of F	rincipal Office)	6(Mailing Ac	ddress) S
Stc. 2100		Ste. 2100	EGF PH U
Chicago, IL 60606-006	59	Chicago, IL 60606-0069	: 50 TATE ORIDA
. Name and <u>street addres</u> Name:	es of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Office Address:	1200 South Pine Island Road		
	Plantation	33324	
	(City)	, Florida(Zip e	rode)
Registered agent's accep	tance: wistered agent and to accept service of	process for the above stated limite as registered agent and agree to a	ed liability company at the pla ct in this capacity. I further a y duties, and I am familiar wi

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Stephen M. Gordon HSRE Infinity Hall Holding, LLC Name: Manager Manager Manager Address: __ 444 W. Lake St. Address: ☐ Member **⊠**Member Ste. 2100 Ste. 2100 ★ Authorized Authorized Chicago, IL 60606-0069 Chicago, IL 60606-0069 Person Person Other____ Other Other Other_ Manager Manager Manager Name: _____ Member Address: _ Member Address: Authorized Authorized Person Person Other____ Other_ Other Name: _____ Name: _____ Manager Member | Address: Address: Authorized Authorized Person Person Other____ Other ____ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 Stephen M. Gordon

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HSRE INFINITY HALL OWNER, 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-SECOND DAY OF NOVEMBER, A.D. 2019.

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

2019 NOV 22 PH 4: 50

Jeffrey W. Budlock, Secretary of State

Authentication: 204068403

7521051 8300 SR# 20198250616

Date: 11-22-19