



04545220

AZ CORPORATION COMMISSION
FILED

FEB 03 2014

FILE NO. R-1903403.0

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**APPLICATION FOR REGISTRATION
OF FOREIGN LIMITED LIABILITY COMPANY***Please read Instructions L025i*

- 1. ENTITY TYPE - check only one**
- to indicate the type of entity applying for registration:

☒ LIMITED LIABILITY COMPANY☐ PROFESSIONAL LIMITED LIABILITY COMPANY

- 2. NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME)**
- enter the exact, true name of the foreign LLC:

Graduate Tempe Lessee LLC

- 3. NAME TO BE USED IN ARIZONA (ENTITY NAME)**
- Identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:

3.1 ☒ **Name in state or country of formation**, with no changes or additions - go to number 4 and continue.**3.2** ☐ **Fictitious name** - check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LLC identifier, and enter the name in number 3.3 below. **NOTE** - a resolution of the company adopting the fictitious name must be attached to and submitted with this form.**3.3** **If you checked 3.2**, enter or print the name to be used in Arizona:

- 4. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES**
- if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

- 5. FOREIGN DOMICILE**
- list the state or country in which the foreign LLC was formed:

Delaware

- 6. DATE OF FORMATION IN FOREIGN DOMICILE:**
- 02/03/2014

- 7. PURPOSE OR GENERAL CHARACTER OF BUSINESS**
- describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona:

Hotel Lodging

8. STATUTORY AGENT IN ARIZONA:					
8.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:			8.2 OPTIONAL - mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):		
Corporation Service Company					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
2338 West Royal Palm Road, Suite J					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Phoenix,	AZ	85021			
8.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with this Application For Registration.					

- 9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** - *see Instructions L025i* - give the **physical or street address** (not a P. O. Box) of the foreign LLC required to be maintained in its state of organization, or, if not so required, of the foreign LLC's statutory agent in its state or country of organization:

Corporation Trust Company		
Attention (optional)		
1209 North Orange St		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Wilmington	DE	19808
Country	UNITED STATES	

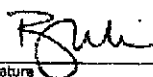
10. OPTIONAL - ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

- 10.1** Is the Arizona known place of business street address the same as the **street address** of the statutory agent? ☐ Yes - go to the next page and continue.
☒ No - complete number 10.2 and continue.
- 10.2** If you answered "no" to number 10.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Twin Palms Hotel		
Attention (optional)		
225 Apache Blvd		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Tempe	AZ	85281
Country	UNITED STATES	

COMPLETE NUMBER 11 OR NUMBER 12 – NOT BOTH.

- 11. MANAGER-MANAGED LLC** – *see Instructions L025i* – check this box ☐ if management of the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 12. MEMBER-MANAGED LLC** – *see Instructions L025i* – check this box ☒ if management of the LLC is reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*
- 13. SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT


Benjamin Weprin

02/05/2014

Signature

Printed Name

Date

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input checked="" type="checkbox"/> I am a duly authorized agent for this LLC.
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Filing Fee: \$150.00 (regular processing)

Expedited processing – add \$35.00 to filing fee.

All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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MEMBER STRUCTURE ATTACHMENT

- ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
Graduate Tempe Lessee LLC
- A.C.C. FILE NUMBER** (if known): _____
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>
- Check one box only to indicate what document the Attachment goes with:**
☐ Articles of Organization ☐ Articles of Amendment
☒ Application for Registration ☐ Articles of Amendment to Application for Registration
- MEMBERS** – give the name and address of all **Members**. If more space is needed, use another Member Structure Attachment form.

Ruby Atlantic AJCP Program TRS LLC							
Name 621 W. Randolph Street, Suite 4				Name			
Address 1				Address 1			
Address 2 (optional) Chicago		IL	60661	Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
Country	UNITED STATES			Country			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
Country				Country			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
Country				Country			

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002.*

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

Graduate Tempe Lessee, LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): _____
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity):

Corporation Service Company

- 3.1 **Check one box:** ☐ The statutory agent is an **Individual** (natural person).
☒ The statutory agent is an **Entity**.

STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

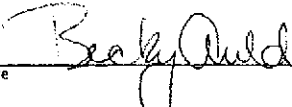
By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Corporation Service Company

By:

Signature



Becky Arnold, Assistant VP

Printed Name

2/5/14

Date

REQUIRED – check only one:

- | | |
|---|--|
| <input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual | <input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|--|

Filing Fee: none (regular processing)

Expedited processing – (available only if this form is submitted by itself) add \$35.00 to filing fee.

All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRADUATE TEMPE LESSEE 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 FIFTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRADUATE TEMPE LESSEE LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2014.

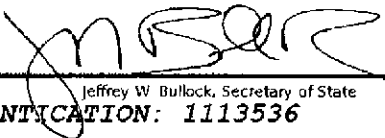
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5475945 8300

140137967

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1113536

DATE: 02-05-14