

M06000005772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

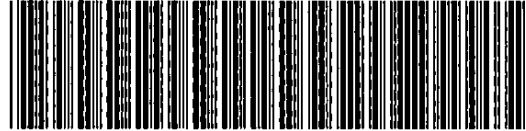
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RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

06 OCT 18 AM 8:39

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT 18 PM 12:26



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 526104 7266642  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 190.00

06 OCT 18 PM 12:26  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 13, 2006  
ORDER TIME : 4:05 PM  
ORDER NO. : 526104-040  
CUSTOMER NO: 7266642

FOREIGN FILINGS

NAME: FLORIDA CMX MASTER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse -- EXT# 2954

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

06 OCT 19 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT 18 PM 12:26  
FILED

October 18, 2006

POLLYE JANISSE  
CSC  
TALLAHASSEE, FL

SUBJECT: FLORIDA CMX MASTER, LLC  
Ref. Number: W06000045674

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for FLORIDA CMX MASTER, LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

Please list the NAMES and ADDRESSES of the MANGERS or MANAGING MEMBERS in Item 9.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 606A00061959

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA

09 OCT 18 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 1. Florida CMX Master, LLC  
(Name of Foreign Limited Liability Company)
- 2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. ~~20-5674992~~ 20-5674952  
(FEI number, if applicable)
- 4. September 6, 2006  
(Date of Organization)
- 5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
- 6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
- 7. 120 North LaSalle Street, 35th Floor, Chicago, IL 60602  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

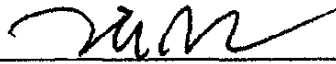
9. The name and usual business addresses of the managing members or managers are as follows:

Florida CMX Master Holdings, LLC      120 N. LaSalle St., 35th Floor  
Chicago, IL 60602  
c/o TSG Real Estate LLC

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Real estate leasing and management

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.  
 (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
 Michael R. Ascher

\_\_\_\_\_  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Florida CMX Master, LLC

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2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

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(Name)

1201 Hays Street

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Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

---

FL 32301

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Corporation Service Company

By: 

---

(Signature)

**\$ 100.00 Filing Fee for Application**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (optional)**  
**\$ 5.00 Certificate of Status (optional)**

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA CMX MASTER, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA CMX MASTER, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2006.

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



4216036 8300

060949002

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5118859

DATE: 10-16-06