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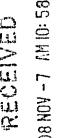
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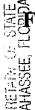
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ORIDA/FOREIGN LIMITED LIABILITY CO.

CHR Bartow LLC

| G- +: G+ | |
|-----------------------|----------|
| Certificate of Status | 0 |
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M. THOMAS NOV 1 0 2008 Help

EXAMINER

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

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

| (Name of Poreign Limited Liability Company; must incl | alude | e "Limited Elability Company," "L.L.C.," or "LLC.") | - | |
|---|----------------|--|--------------|----------|
| (If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.") | | | | |
| 2. Dolawaro | 3. | applied for | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | (FEI number, if applicable) | - | |
| 4. November 5, 2008 - | 5. | perpetual | | |
| (Date of Organization) | | (Duration: Year limited liability company will cease to exist or "perpetual") | _ | |
| 6, ^{r/s} | | | | |
| (Date first transacted business in F (See sections 608,501 & 608,502 F.S | lorio S. 10 | de, if prior to registration.) o determine penalty liability) | | |
| 7. 4445 Willard Avenue, 12th Floor, Chevy Chase, MD 2081 | 15 . | | _ | |
| | | | Z:S | 7. |
| (Street Address | ss of | Principal Office) | - ₹3 | ¥0.4 |
| A PART IN A CALL DISC. | | | ES | - |
| 8. If limited liability company is a manager-manager | 30 CC | ompany, check here 🔼 | 목원 | .7 |
| 9. The name and usual business addresses of the mar | mag | ting members or managers are as follows: | 고요 | 70m |
| WKM Real Estate, LLC, 4445 Willard Avenue, 12th Floor, | r, Ch | nevy Chase, MD 20815 | ල්බ | eo ⊸r |
| | | | <u>Ş</u> | 8: O: |
| | | | - | 4 |
| | | • | | |
| | | | - | |
| Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocol | رطان مست | ys old, duly authenticated by the official having custody of its | cords in | |
| translation of the certificate under cath of the translator must be suf- | munic. | ind) | | |
| | | to hold little to real proporty | | |
| 11. Nature of business or purposes to be conducted of | or b | promoted in Florida: | - | |
| | <u> </u> | | • , | |
| auf all | | | | |
| Signature of a member or an a | uth | drized representative of a member. | | |
| (In accordance with section 60%,408(3),\ un affirmation under the penulties of per | ιήuς Cups | (the execution of this document constitutes that the facts stated needs are true.) | | |
| Carolyn Silva-Quaglisto | - • | | | |
| Typed or printe | ed n | ame of signec | | |

Plact - Restaulier C. T. Byrana Celina

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.

| If name unavail | lable, the alternate name to b | ne used in the state o | f Florida is: | |
|--|--|--|---|---|
| 2. The name as | nd the Florida street address | of the registered age | ent and office are: | |
| | ст | Corporation System | | |
| | *************************************** | (Name) | | <u>≨</u> ∽ ; |
| | 1200 | South Pine Island Road | | F09 8 |
| | Florida Street Add | iress (P.O. Box <u>NOT</u> A | CCEPTABLE) | ASS |
| | Plantation | FL | 33324 | E, P |
| | | City/State/Zip | | H &: 1.0AI |
| liability compan agent and agree relating to the p | med as registered agent and it ny at the place designated in it it to act in this capacity. I furt proper and complete performa ty position as registered agent CT Corporation System | his certificate, I herei ther agree to comply nnce of my duties, and | by accept the appointment as with the provisions of all sta d I am famillar with and acce | imited Am Q. s registered tutes ept the |

Marc St. Pierre Vice President and Assistant Secretary

\$ 100.00

Filing Fee for Application
Designation of Registered Agent
Certifled Copy (optional) \$ 25.00 \$ 30,00

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

I, EARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREAY CERTIFY "CHR BARTOW 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 SIXTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HERBY FURTHER CERTIFY THAT THE ANNUAL TAXES BAVE NOT BEEN ASSESSED TO DATE.

61.9685 8300

081094586

You may perify this cartificate online at norp delaware gov/authour shtml

Warriet Smile Handen

Harriet Smith Windson, Secretary of AUTRENTICATION: 6951972

DATE: 11-06-08