

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000229322 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

### ORIDA/FOREIGN LIMITED LIABILITY CO.

AG/Andover Orlando, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. BRYAN

Help

Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	AG/Andover Or (Name of Foreign Limited Liability Company; must include	fando, L.L.C. e "Limited Liability Company," "L.L.C.," or "LLC.")	
con	name unavailable, enter alternate name adopted for the purpose sent of the managers or managing members adopting the alternapany," "L.L.C." "LLC.")	e of transacting business in Florida and attach a copy of the writ tate name. The alternate name must include "Limited Liability	iten
2	Delaware 3	N/A	
7.	prisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)	09
4	10/26/09	2059	9
•••	(Date of Organization)	(Duration: Year limited liability company will cease to mexist or "perpetual")	JT 27
6.	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) so determine penalty liability)	09 OCT 27 AM 8: 34
7.			F U
	c/o Angelo, Gordon & Co., L.P., 245 Park Avenue, 26th Floo (Street Address of		
8.	If limited liability company is a manager-managed c	company, check here	
9.	The name and usual business addresses of the manag	ging members or managers are as follows:	
	AG Storage Portfolio Manager, Inc.		
	c/o Angelo, Gordon & Co., L.P., 245 Park Avenue, 26th Floo	or, New York, New York 10167	
the j trans	urisdiction under the law of which it is organized. (A photocopy is slation of the certificate under oath of the translator must be submi	ited.)	in
<b>I</b> 1.	Nature of business or purposes to be conducted or p	promoted in Florida: Real Estate Transactions.	
-	13-11		
	Signature of a member of an auth (In accordance with section 008, 406(3), F.S. an affirmation under the bendities of perjury		
	Bruce M.	Stachenfeld	
	Typed or printed r	name of signee	

7

## 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:	
AG/Andover Orlando, L.L.C.	A Age public
If unavailable, the alternate to be used in the state of Plorida is:	
2. The name and the Florida street address of the registered agent and office are:	900T2
C T Corporation System	55.52 - M
(Name)	Fig. 3
1200 South Pine Island Road	8: 34 STAT FLOR
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324	1/*
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.

By: Jo Well McCathy
(Signature)

Joanne McCarthy Assistant Secretary

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

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "AG/ANDOVER ORLANDO, L.L.C." 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-SEVENTH DAY OF OCTOBER, A.D. 2009.

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

O9 OCT 27 AM 8: 34
SECRETARY OF STATE
AND AHASSEE, FLORID

4746053 8300

090965371

5371 DATE: 10-27-09

poffrey W. Bullock, Secretary of State

TYCATION: 7604619