M11000004403

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
FALLAMASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2011

MICHEAL FISH CF CAPITAL PARTNERS, INC. 3660 N. LAKESHORE DRIVE, SUITE 200 CHICAGO, IL 60613

SUBJECT: CF REGENCY, LLC Ref. Number: W11000044125

We have received your document for CF REGENCY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 711A00019848

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CF REGENCY, LLC.					
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
MICHEAL FISH Name of Person					
Name of Person					
CF CAPITAL PARTNERS INC.					
Firm/Company					
3660 N. LAKESHORE DRIVE SUITE 200					
Address					
CHICAGO, IL. 60613					
City/State and Zip Code					
MFISH@CFCPARTNERS.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MICHEAL FISH at (312) 733-1600					
Name of Person Area Code & Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount: \$\int_{\$125.00}\$ \text{Filing Fee} \int_{\$130.00}\$ \text{Filing Fee & Certificate of Status} \int_{\$Certified Copy} \text{\$\$160.00 Filing Fee, Certified Copy} \text{\$\$of Status & Certified Copy}					

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	[[E]] LIABILLI Y COMPANY IO TRANSACT BUSINESS IN THE ST	IATEOF FIXIKUA:	
1	OF REGENCY, LLC. (Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")	
(If no	ame unavailable, enter alternate name adopted for the purpose	of transacting business in Florida and attach a corpy of the w	ritte
conse	ent of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers of the manager	ate name. The alternate name must include "Limited Liabilit	У
		50-13339 (FEI number, if applicable)	
CO1 (1/1	urisdiction under the law of which foreign limited liability impany is organized)	(FEI number, it applicable)	
4. 0		PERPETUAL	
	(Date of Organization)	(Duration: Year limited liability company will esase to exist or "perpetual")	
_{6.} 0	09/08/2011	AHA SEP	-
_	(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)	ा
7. 3	3660 N. LAKESHORE DRIVE	To Z	
Ģ	SUITE 200	ORIDE T	
_	(Street Address of	Principal Office)	
3. If	f limited liability company is a manager-managed co	ompany, check here 🗸	
	he name and usual business addresses of the manag		
<u>C</u>	OF REGENCY MANAGER LLC-3660 N. LAKESH	HORE DRIVE, STE 200, CHICAGO, IL. 60613	
_			
 Δ Δ:	stached is an original certificate of existence, no more than 90 day	so ald duly authoriticated by the official basing creative of reco	ાં સંગ
he jur	riscliction under the law of which it is organized. (A photocopy is	s not acceptable. If the certificate is in a foreign language, a	,413 st.
	ation of the certificate under eath of the translator must be submitt		
11. 1	Nature of business or purposes to be conducted or p	romoted in Florida: LEASING CONDOMINIUM UNITS	
		<i>f f</i>	
		orized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution penalties of perjury that the facts stated herein are true.	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.)	

Typed or printed name of signee

The many - Caller I have a I I to biller Oleman and in-

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 Clability Company is:	
CF REGENCY, LLC.	
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:	
MICHEAL A. FISH (Name)	11 SEP - SECRETA TALLAHA
15665 GRANDE PALISADES BLVD. SUITE 1105 Florida Street Address (P.O. Box NOT ACCEPTABLE)	LED SSEE, FLOO SSEE, FLOO
WINTER GARDEN , FL 34787 City/State/Zip	NDA 16

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.

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

DELAWARE, DO HEREBY CERTIFY "CF REGENCY, 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 THIRTIETH DAY OF AUGUST, A.D. 2011.

5013339 8300

110963748

Jeffrey W. Bullock, Secretary of Sta AUTHENTY CATION: 9000729

DATE: 08-30-11

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