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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Orlan JAN 23 2007

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. LSAC Orlando L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. January 5, 2007

(Date of Formation)

4. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

5. 2731 Executive Park Drive, Suite 4

(Florida street address for Registered Agent)

Weston, FL

33331

6. 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 relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

GARY SHERMAN, Asst. Secretary

7. c/o Lexington Strategic Asset Corp.

(Principal office address)

One Penn Plaza, Suite 4015, New York, NY 10119-4015

8. If limited partnership is a limited liability limited partnership, check box ☐

9. c/o Lexington Strategic Asset Corp.

(Mailing address)

One Penn Plaza, Suite 4015, New York, NY 10119-4015

10. Name, principal office address, and mailing address of each general partner:

LSAC Orlando Manager LLC

(Name)

MO7-445

c/o Lexington Strategic Asset Corp.

(Street Address)

One Penn Plaza, Suite 4015New York, NY 10119-4015

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: upon Registration

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this: 11th day of January, 20 07

Signature of a general partner:

LSAC Orlando Manager LLC, General Partner

By: [Signature]
Joseph S. Bonventre, Vice President

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSAC ORLANDO L.P." 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 EIGHTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LSAC ORLANDO L.P." WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2007.

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

4280309 8300

070016854

*Harriet Smith Windsor*Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5333866

DATE: 01-08-07