

Fax Server

Florida Department of State
Division of Corporations
Public Access System

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.

(((H09000159722 3)))



H090001597223ABC2

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 : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

09 JUL -9 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

FLORIDA/FOREIGN LP/LLLP

CLPF - MAGNOLIA PARK I, L.P.

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$1,008.75

RECEIVED

09 JUL -9 AM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

060269-12

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

09 JUL -9 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. CLPF - MAGNOLIA PARK I, 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.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 3. June 26, 2009
(State or Country of Formation) (Date of Formation)

4. Corporation Service Company
(Name of Registered Agent for Service of Process)

5. 1201 Hays Street
(Florida street address for Registered Agent)

Tallahassee, FL 32301

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.

By: Sue G. Knight
Signature of Registered Agent

Sue G. Knight
as its agent

7. 230 Park Avenue
(Principal office address)

New York, New York 10169

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

9. 230 Park Avenue
(Mailing address)
New York, New York 10169

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

<u>CLPF - Magnolia Park I GP, LLC</u> (Name) <u>MO9-2624</u>	<u>230 Park Avenue</u> (Street Address) <u>New York, New York 10169</u>
<u></u> (Name)	<u>230 Park Avenue</u> (Mailing Address) <u>New York, New York 10169</u>
<u></u> (Name)	<u></u> (Street Address)
<u></u> (Name)	<u></u> (Mailing Address)
<u></u> (Name)	<u></u> (Street Address)
<u></u> (Name)	<u></u> (Mailing Address)
<u></u> (Name)	<u></u> (Street Address)
<u></u> (Name)	<u></u> (Mailing Address)

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

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

(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 30th day of June, 20 09

Signature of a general partner:

--- REFER TO ATTACHED PAGE FOR SIGNATURE ---

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

SIGNATURE PAGE
TO
QUALIFICATION FILING

The undersigned affirms, under penalties of perjury, having authority to sign hereto,
that the facts stated herein are to the best of my knowledge and belief, true, correct and complete.

CLPF – MAGNOLIA PARK I, L.P.

By: CLPF – Magnolia Park I GP, LLC,
its general partner

By: CLPF – Magnolia Park Assignee, L.P., its sole member

By: CLPF – Magnolia Park Assignee GP, LLC,
its general partner

By: Clarion Lion Properties Fund Holdings, L.P.,
its sole member

By: CLPF-Holdings, LLC, its general partner

By: Clarion Lion Properties Fund Holdings REIT, LLC,
its sole member

By: Clarion Lion Properties Fund, LLC,
its managing member

By: ING Clarion Partners, LLC, its manager

By: 

Name:

Title: Authorized Signatory

Douglas F. Wolski
Authorized Signatory

FILED
09 JUL -9 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLPF - MAGNOLIA PARK I, 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 SECOND DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLPF - MAGNOLIA PARK I, L.P." WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2009.

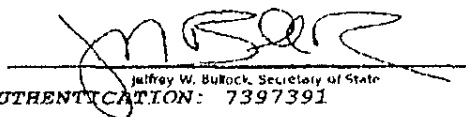
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4705096 R300

090668864

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7397391

DATE: 07-02-09