

Division of Corporations

Page 1 of 1

850-245-6030

Attn: Brenda

B1100000003

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((H11000002905 3)))



H110000029053ABCS

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11 JAN -4 PM 3:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN -7 PM 2:41
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Vivian R.

2nd Fax Confirmation Attached.

FLORIDA/FOREIGN LP/LLP
OPUS CONDOMINIUM LP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

Rec'd 1/4/11

FAXED BY [Signature]

FAXED BY LS

DATE 1/4/11 TIME 3:54 PM

Electronic Filing Menu Corporate Filing Menu Help

B. T. T. JAN 07 2011

*** TRANSMISSION REPORT ***

PRINT TIME 01/06 '12 09:54 ID:BILZIN,SUMBERG

FAX:3053747593

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TIMER=--:--

FILE START No. TIME	MODE	LOCATION	STORE PAGE	TX-RX PAGE	TOTAL TIME	CODE
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Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
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OPUS CONDOMINIUM LP**

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--- TRANSMISSION REPORT ---

PRINT TIME 01/04 '12 15:55 ID:BILZIN,SUMBERG

FAX:3063747593

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TIMER=--:--

FILE START No. TIME	MODE	LOCATION	STORE PAGE	TX/RX PAGE	TOTAL TIME	CODE
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ERROR PAGE=

Division of Corporations

Page 1 of 1

**Florida Department of State
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. OPUS CONDOMINIUM LP

(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 L.L.L.P.

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. 9/23/10

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

5. 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.

Handwritten signature of Madonna Cuddihy

Signature of Registered Agent

Madonna Cuddihy Special Assistant Secretary

7. Principle Office: (Florida Street Address)

None

8. Mailing Address:

c/o Bayshore Group of Companies, Commerce Court West

199 Bay Street, Suite 2900

Toronto, Ontario M5L 1G4

9. If limited partnership is a limited liability limited partnership, check box []

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

Name of General Partner: Opus Condominium LLC

m11-36

Name of General Partner:

Street Address: c/o Bayshore Group of Companies, Commerce Court West

199 Bay Street, Suite 2900 Toronto, Ontario M5L 1G4

Street Address:

Mailing Address: c/o Bayshore Group of Companies, Commerce Court West

199 Bay Street, Suite 2900 Toronto, Ontario M5L 1G4

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

SECRETARY OF STATE DIVISION OF CORPORATIONS JAN - 4 PM 3: 51

H11000002905 3

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing 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 4th day of January, 20 11

Opus Condominium LLC, general partner

//s// Henry J. Wolfond

Signature of a general partner

By: Henry J. Wolfond, authorized person

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPUS CONDOMINIUM LP" 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 THIRD DAY OF JANUARY, A.D. 2011.

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

4875776 8300

110005510

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



[Signature]
Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8468072

DATE: 01-03-11

H11000002905 3