B140000000131

(Requestor's Name)			
(Address)			
(Marco),			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
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VCORP SERVICES, LLC

June 9, 2014

Department of State Registration Section of Division of Corporations Clifton Building 2661 Executive Circle Tallahassee, FL 32301

Re: SHOPOFF REALTY INVESTMENTS, L.P.

To Whom It May Concern:

Please file the attached application for foreign LP.

Should there be an error on the attached please contact me ASAP at the info below.

Please fax confirmation of filing to 845-818-3588, if available. If not, please mail to the address listed below or use the enclosed self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,

Effie Stern

Phone: 845-425-0077

Email: estern@vcorpservices.com

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

_{1.} Shopoff Realty Investments, L.P.		_	
(Name of Limited Partnership or Limited Lial Acceptable Limited Partnership suffixes: Limited Partner	bility Limited Partnership, which must include suffix) rship, Limited, L.P., L.P., or Ltd. : Limited Liability Limited Partnership, L.L.L.P. or LLLP.	- :	
	nership or limited liability limited partnership proposes to rida; must contain acceptable suffix.	 register to transact	
, Delaware	_{3.} 07/21/2004		
State or Country of Formation	Date of Formation		
4. Federal Employer Identification Number:			
5. Name of Registered Agent for Service of Process and	d Florida Street Address:		
Vcorp Services, LLC	·		
5011 South State Road 7, Suite 106			
Davie, FL 33314			
of all statutes relative to the proper and complete performy position as registered agent.	nd agree to uct in this capacity. I further agree to comply formance of my duties, and I am familiar with and accept to	with the provisions he obligations of	
	ture of Registered Agent		
7. Principal Office:	8. Mailing Address:		
2 Park Plaza, Suite 700	2 Park Place, Suite 700	Tuesday of the state of the sta	
Irvine, CA 92614	Irvine, CA 92614		
		المهوديين لكب لكب	
7,1110, 0.1102011	,		
9. If limited partnership is a limited liability limited p	· · · · · · · · · · · · · · · · · · ·	FALS S	
9. If limited partnership is a limited liability limited p	partnership, check box .		
9. If limited partnership is a limited liability limited p	partnership, check box .		
9. If limited partnership is a limited liability limited p	partnership, check box . Ess of each general partner: Name of General Partner:		
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: TSG GP, LLC	ess of each general partner: Name of General Partner:		
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: TSG GP, LLC Street Address: 2 Park Plaza, Suite 70 Irvine, CA 92614	ess of each general partner: Name of General Partner:	3 F. 33	
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: TSG GP, LLC Street Address: 2 Park Plaza, Suite 70 Irvine, CA 92614 Mailing Address:	partnership, check box . Sess of each general partner: Name of General Partner: Street Address:		
9. If limited partnership is a limited liability limited p 10. Name, principal office address, and mailing addre Name of General Partner: TSG GP, LLC Street Address: 2 Park Plaza, Suite 70 Irvine, CA 92614 Mailing Address:	partnership, check box . ess of each general partner: Name of General Partner: Street Address: Mailing Address:		

Name of General Partner:		Page 1 of 2 Name of General Partner:
Street Address:		Street Address:
Mailing Address:		Mailing Address:
11. Effective date, if other than the d (Effective date cannot be prior to nor n	ate of filing:_ nore than 90 days after th	ne date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence Florida Department of State, by the Seathe law of which it is organized.	e duly authenticated, not cretary of State or other o	more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under
Signed this 6 de	_{ny of} June	
	Slaveruse	Scure of a general partner
mi (P () ululululu di di di di monde		born general parties

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 Foe and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

\$52.50

\$8.75

Page 2 of 2

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SHOPOFF REALTY INVESTMENTS, 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 NINTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOPOFF

REALTY INVESTMENTS, L.P." WAS FORMED ON THE TWENTY-FIRST DAY OF

JULY, A.D. 2004.

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

14 JUN 10 PM L: 35

3831610 8300

140810534

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1434447

DATE: 06-09-14

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