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(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone			
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PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	cument Number)			
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Certified Copies	Certificates	s of Status		
Certified Copies				
Special Instructions to	Filing Officer:			
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Office Use Only



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2016 FEB -5 AH 10: S

K.SALY EXAMINER FEB - 8 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 986023

AUTHORIZATION :

COST LIMIT : \$(1),000.0

ORDER DATE : February 3, 2016

ORDER TIME : 9:02 AM

ORDER NO. : 986023-005

CUSTOMER NO: 7825591

FOREIGN FILINGS

NAME: CRESCENT CAPITAL GROUP LP

XXXX QUALIFICATION (TYPE: <u>LP</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Crescent	Capital Group LP			
	e of Foreign Limited Partn	ership or Limited Lia	ability l	Limited Partnership
partnership to transact bu			egister a	a foreign limited partnership or limited liability limited
George P. Hawley				
	Contact Person			
Crescent Capital G	roup LP			
	Firm/Company			
11100 Santa Monid	ca Blvd. Suite 2000			
	Address			
Los Angeles, CA 9	0025			
Ci	ty, State and Zip Code			
George.Hawley@c				
E-mail address: (to be u	sed for future annual repor	t notification)		
For further information co	oncerning this matter, pleas	se call:		
Jennifer Susich		at (310	235-	5946
Name of Contac	et Person	Area Code and	Daytin	me Telephone Number
Enclosed is a check for th	e following amount:			
☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	☐ \$1,008.75 Filing Fees and Certificate of Status	□ \$1,052.50 Filing and Certified Copy		☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle	MAILING ADDR Registration Section Division of Corpor P. O. Box 6327 Tallahassee, FL 32	n rations	

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

FILED 2016 FEB -5 AM 10: 5E

TOTR	ANSACT BUSINESS IN FLORIDA	TAREGRETICAL AMIDE
1. Crescent Capital Group LP		TASSURE ICON
TO TR 1. Crescent Capital Group LP (Name of Limited Partnership or Limited Acceptable Limited Partnership suffixes: Limited Pacceptable Limited Liability Limited Partnership suffixed Partnership s	d Liability Limited Partnership, which Partnership, Limited, L.P., LP, or Ltd. affixes: Limited Liability Limited Partn	ch must include suffix) ASSEE, FLORID, ership, L.L.L.P. or LLLP.
If name unavailable, name under which the limited business i	d partnership or limited liability limited in Florida; must contain acceptable suffi	partnership proposes to register to transact ix.
_{2.} Delaware	_{3.} May 4, 2010	
State or Country of Formation	Date	of Formation
4. Federal Employer Identification Number: 272	2698206	
5. Name of Registered Agent for Service of Proce		
Corporation Service Company		
1201 Hays Street	_	
Tallahassee, FL 32301	_	
 I hereby accept the appointment as registered ag of all statutes relative to the proper and complet my position as registered agent. Corporation By: 	te performance of my duties, and I am for Service Company	Court Williams Asst.
	Signature of Registered Agent	7,000.
7. Principal Office:	8. Mailing Address:	
11100 Santa Monica Boulevard, Suite 200	00	
Los Angeles, CA 90025		
9. If limited partnership is a limited liability lim		
 Name, principal office address, and mailing Name of General Partner: Crescent Capita 		rtner:
11100 Santa Monica F		

Name of General Partner:

Street Address:

Suite 2000

Mailing Address:

Los Angeles, CA 90025

Name of General Partner:

Name of General Partner:

Street Address:

Name of General Partner:

Street Address:

Name of General Partner:

Street Address:

Mailing Address:

Street Address:

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

•		FILE
Name of General Partner:	Page 1 of 2 Name of General Partner:	2016 FEB -5 181
Street Address:	Street Address:	TACE AHASSEF, FLOSH
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 12. Attached is a certificate of existence duly authenticated, not Florida Department of State, by the Secretary of State or other of the law of which it is organized.	ne date this document is filed by the in more than 90 days prior to the delive fficial having custody of the entity's	Florida Department of State.) ery of this application to the
Signed this 2 PD day of FEBFUAF Signature	24 .20 16	

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): Certificate of Status (optional):

\$52.50

\$8.75

Page 2 of 2

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CRESCENT CAPITAL GROUP 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 FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRESCENT CAPITAL GROUP LP" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2010.

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

2016 FEB -5 AM ID: 56

4819447 8300

SR# 20160558708

Authentication: 201772254

Date: 02-03-16