

CT CORPORATION SYSTEM

# F01000003437

CORPORATION(S) NAME

(1) Beacon Owner Corp.

(2) Beacon Tenant Corp.

FILED  
JUN 27 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Dissolution/Withdrawal

☐ Mark

☒ Foreign

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN 27 PM 12:22  
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SUFFICIENCY

Name

6/27/01

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Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

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Amount: \$ \*\*\*\*\*70.00 \*\*\*\*\*70.00

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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TALLAHASSEE, FLORIDA

1. Beacon Owner Corp.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. N/A Applied For  
(FEI number, if applicable)
4. June 22, 2001  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A Upon Qual.  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. The Corporation Trust Company, 1209 Orange Street, Wilmington, County of  
New Castle, Delaware 19801  
(Current mailing address)
8. To engage in any lawful acts or activities under the law of the State of Florida.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.*

C T Corporation System

(Registered agent's signature)

Jonathan R. Giddings  
Assistant Secretary

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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: PLEASE SEE EXHIBIT A ATTACHED HERETO.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: PLEASE SEE EXHIBIT A ATTACHED HERETO.

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

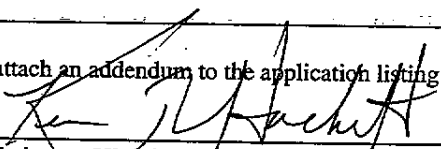
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kevin R. Hackett, Director  
(Typed or printed name and capacity of person signing application)

**EXHIBIT A- DIRECTORS AND OFFICERS**

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Director: Kevin R. Hackett, Esq.  
Shearman & Sterling, 599 Lexington Avenue  
New York, NY 10022-6069

Director: Howard E. Hallengren  
Falcon Real Estate, 599 Lexington Avenue, Suite 2205  
New York, NY 10022

**B. OFFICERS**

President: Howard E. Hallengren  
Falcon Real Estate, 599 Lexington Avenue, Suite 2205  
New York, NY 10022

Vice Presidents: Jack D. Miller  
Falcon Real Estate, 599 Lexington Avenue, Suite 2205  
New York, NY 10022

Scott Sweeney  
Falcon Real Estate, 16855 W. Bernardo Drive, Suite 320  
San Diego, CA 92127

Robert Moreira  
Falcon Real Estate, 800 Brickell Ave., Suite 350  
Miami, FL 33131

Secretary: Jack D. Miller  
Falcon Real Estate, 599 Lexington Avenue, Suite 2205  
New York, NY 10022

Assistant Secretary: Robert Moreira  
Falcon Real Estate, 800 Brickell Ave., Suite 350  
Miami, FL 33131

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON OWNER CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2001.

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

FILED  
JUN 27 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3406939 8300

AUTHENTICATION: 1208614

010304110

DATE: 06-25-01