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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H110001424693ABC

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORAT
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 5/31

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

SASOF TR-43, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

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 11 JUN - 1 PM 4: 23
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

MRS 6/1



June 1, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SASOF TR-43, INC.
REF: W11000029880

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the name of the corporation to be consistent with the certificate.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000142469
Letter Number: 911A00013349

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SASOP TR-43, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maureen Whalen

Name of Person

Alston & Bird, LLP

Firm/Company

Bank of America Plaza, 101 S. Tryon Street, Suite 4000

Address

Charlotte, NC 28280-4000

City/State and Zip code

maureen.whelen@alston.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Whalen

at (704) 444-1000

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$76.75 Filing Fee &
Certificate of Status

☒ \$76.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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.*

1. SASOP TR-43, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 43-2384619

(FEI number, if applicable)

4. May 23, 2011

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 848 Brickell Avenue, Suite 500, Miami, FL 33131

(Principal office address)

848 Brickell Avenue, Suite 500, Miami, FL 33131

(Current mailing address)

8. investments

(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, 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.

CT Corporation System

By: _____

Barbara A. Burke

Barbara A. Burke
Special Assistant Secretary

(Registered agent's signature)

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.

FILED
11 MAY 31 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11 MAY 31 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William Hoffman

Address: 848 Brickell Avenue, Suite 500, Miami, FL 33131

Director: Gerard Butler

Address: Hambleden House, 19-26 Lower Pembroke Street, Dublin 2, Ireland

B. OFFICERS

President: William Hoffman

Address: 848 Brickell Avenue, Suite 500, Miami, FL 33131

Vice President: Gerard Butler

Address: Hambleden House, 19-26 Lower Pembroke Street, Dublin 2, Ireland

Secretary: Marcus Miller

Address: Hambleden House, 19-26 Lower Pembroke Street, Dublin 2, Ireland

Treasurer: _____

Address: _____

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

13. Marcus Miller

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. MARCUS MILLER, SECRETARY

(Typed or printed name and capacity of person signing application)

Delaware

The First State

PAGE

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11 MAY 31 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SASOF TR-43, INC." 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-SEVENTH DAY OF MAY, A.D. 2011.

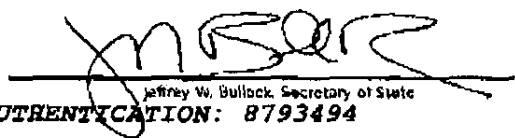
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



4986095 8300

110640561

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8793494

DATE: 05-27-11