

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : BROAD AND CASSEL (BOCA RATON)

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

RFP MAINSTREET PARK/CYPRESS, LLC

Certificate of Status	11
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	RFP MAINSTREET PARK/CYPRESS, LLC		
	(Name of Foreign Limited Liability Company)		
2.	DELAWARE 3, 20-5524844		
•	(Jurisdiction under the law of which foreign limited liability (FSI number, if applicable) company is organized)		
4.	SEPTEMBER , 2008 5. PERPETUAL		٠
,,,	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	UPON QUALIFICATION "	1	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to distarmine penalty liability)	90	
7.	ONE FINANCIAL PLAZA, #102	SEP	CENTY.
	FORT LAUDERDALE, FL 33394	2	Solution Contract
	(Street Address of Principal Office)	9	H
8.	If limited liability company is a manager-managed company, check here	A	
9.	The name and usual business addresses of the managing members or managers are as follows:	11:6	
	RFP MAINSTREET INVESTORS II, LLC	Ç	
	ONE FINANCIAL PLAZA, #102		
	FORT LAUDERDALE, FL 33384		
ħ). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco e-jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nelation of the certificate under cash of the translator must be submitted.)	rds in	
13	. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE INVESTMENT		
	Signature of a member of an authorized representative of a member. (In accordance with section 606/408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)		
	PAUL J. KILGALLON, PRESIDENT		
	Typed or winted name of signer		

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name of the Limited Liability Company is: RFP MAINSTREET PARK/CYPRESS, LLC				
. The name and the Florida st	reet address of the registered agent and office are:			
	of the state of th			
MAINSTREET	PARK/CYPRESS, INC.			
	(Name)			
ONE FINANCIA	L PLAZA, #102			
Flo	rida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)			
FORT LAUDER	DALE FI 33394			
	City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: (Signature)
Paul J. Kilgallon, President

\$ 100.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ 6.00
Certificate of Status (optional)

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I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RFF MAINSTREST PARK/CYPRESS, LLC"

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 TWENTY-MINTE DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RFF MAINSTREET PARK/CYPRESS, LLC" WAS FORMED ON THE THENTY-RIGHTE DAY OF SEPTEMBER, A.D. 2006.

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



Warriet Smile Handson, Secretary of State

AUTHENTICATION: 5079469

DATE: 09-29-06

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