Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000286184 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name CORPORATION SERVICE COMPANY

Account Number : 120000000195 (850) 521-1000 Phone Fax Number (850) 558-1575

ELORIDA/FOREIGN LIMITED LIABILITY CO.

CLPF - FALCON PINES GP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H060002861843

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMI	TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
ı	CLPF - FALCON PINES GP, LLC (Name of Foreign Limited Liability Company)	
	• •	
2	Delaware 3	
00	mpany is organized)	
4	November 14, 2006 5perpetual	
_	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
5	upon filing	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	230 Park Avenue	٠
	New York, New York 10169	
_	(Street Address of Principal Office)	
. 11	f limited liability company is a manager-managed company, check here	
т	he name and usual business addresses of the managing members or managers are as follows:	
-		
	Clarion Lion Properties Fund Holdings, L.P.	
	230 Park Avenue	
	New York, New York 10169	
eju ansk	stached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconsistiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida:to_serve_as_the_general	
ъa	rtner of a limited partnership transacting business in Florida	
	—REFER TO ATTACHED PAGE FOR SIGNATURE	Ü
	Signature of a member or an authorized representative of a member) 3 ⁵⁴ 2.22
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes	1
	an attended intoct die belieffer of belief after the facility and defail als ilde"	
	TREFER TO ATTACHED PAGE FOR STGNATURE	
	Typed or printed name of signee	_ E/45
		and the

H060002861843

SIGNATURE PAGE TO STATE QUALIFICATION FILING

CLPF - FALCON PINES GP, LLC

By: Clarion Lion Properties Fund Holdings, L.P., its sole member

By: CLPF-Holdings, LLC, its general partner

By: Clarion Lion Properties Fund Holdings REIT, LLC, its sole member

By: Clarion Lion Properties Fund, LLC, its managing member

By: ING Clarion Partners, LLC, its manager

Name: Stephen B. Hansen

Title: Authorized Signatory

H06000286184 3

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.

1. The name	of the Limited Liability Company is: CLPF - FALCON PINES GP, LLC
2. The name :	and the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301
	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: Walle (Signature)

Corporation Service Company

Heather Chapman
as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

H060002861843

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLPF - FALCON PINES GP, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLPF - FALCON PINES GP, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER,

A.D. 2006.

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



Warriet Smile Hindan

Herriet Smith Windson Secretary of State

AUTHENTICATION: 5195158

DATE: 11060002861843

4251146 8300 061041246