Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations Fax Number : (850)205-0383

: PROSKAUER ROSE LLP : 074673001063 : (561)995-4704 Account Name Account Number Phone

Fax Number

(561)241-7145

ORIDA/FOREIGN LIMITED LIABILITY CO.

SCP-CAPRI SOUTHCHASE VILLAGE HOLDINGS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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

IN COMPLIANCE WITH SECTION 608303, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. SCP-Capri Southchase Vi | | <i>(</i> |
|--|---|-------------------------|
| (wine of Frieign Chines Charity Compa | ny, must mende tillined blassing company. 17,5,5,5, et 1120. | , |
| | I for the purpose of transacting business in Florida and attach a copy opting the alternate name. The alternate name must include "Limited | |
| 2 Delaware | 3. | |
| (Jurisdiction under the law of which foreign limit company is organized) | ited liability (PEI number, if applicable) | |
| 4. 7/18/07 | 5. Perpetual | PAE SE |
| (Date of Organization) | (Duration: Year limited liability company will conexist or "perpetual") | JUL 24 CRETAR LAHASS |
| 6. upon qualification | · | TAR ASS |
| (Date first transacted b (See sections 608,501 & | business in Florida, if prior to registration.) 2 608,502 F.S. to determine penalty liability) | AM SEE, |
| 7. 300 SE 2nd Street | | F ST/ FLO |
| Fort Lauderdale, FL 3330 | 01 | 8: 52 STATE LORID |
| (Si | treet Address of Principal Office) | , D |
| 8. If limited liability company is a manage | er-managed company, check here | |
| 9. The name and usual business addresses | of the managing members or managers are as follows: | |
| SCP-Capri Master I LLC, 30 | 00 SE 2nd Street, Fort Lauderdale, FL 3 | 3301 |
| | | |
| | | |
| | | |
| | more than 90 days old, duly authenticated by the official having custody. (A photocopy is not acceptable. If the certificate is in a foreign lauguage must be submitted.) | |
| 11. Nature of business or purposer to buse | onducted or promoted in Florida: anything lawful | i |
| ! / 1 | | |
| under the laws of the state | or Florida. | |
| | | |
| (In accordance with section | per or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes | |
| no allimitation uniter the pe Rocco Ferrer | epairies of perjury that the facts stated herein are true.) | |

Typed or printed name of signee

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.

| SCP-Capri Southchase Village Holdings LLC | | |
|--|---------------------------------------|----------|
| If name unavailable, the alternate name to be used in the state of Florida is: | | |
| 2. The name and the Florida street address of the registered agent and office are: | O7 SEC | |
| Corporation Service Company (Name) | 07 JUL 24 SECRETARY TALLAHASSEI | Constant |
| 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) | AM 8: 52 Y OF STATE EE, FLORIDA | |
| Tallahassee FL City/State/Zip | 52 AIF RIDA | Want. |

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 daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCP-CAPRI SOUTHCHASE VILLAGE HOLDINGS 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 EIGHTEENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCF-CAPRI SOUTHCRASE VILLAGE HOLDINGS LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2007.

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

PILED

07 JUL 24 AM 8: 52

SECRETARY OF STATE
TAIL AHASSEE FI COLOR

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Warnet Smile Henden

AUTHENTICATION: 5852805

DATE: 07-18-07

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