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SECRETARY OF STATE
TALLAHASSEE, FLORING

#### **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: FL CRIMSON LLC								
(Name of Limited Liability Company)								
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida								
Please return all correspondence concerning this matter to the following:								
Joseph R. Prestifilippo, JR. (Name of Person)								
(Name of Ferson)								
CRIMSON CAPITAL, LLC PAS								
(Firm/Company)  ARE SEP 28  189  189  189  189  189  189  189  1								
10 200111								
(Address)								
Totowa NJ 07512 \$ 5								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Joseph R. Prestfilippo at (973) 812-4495  (Name of Person) (Area Code & Daytime Telephone Number)								
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301								
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{25.00} \text{ Filing Fee} \Bigsim \frac{1}{25.00} \text{ Filing Fee} \& \Bigsim \frac{1}{25.00}								

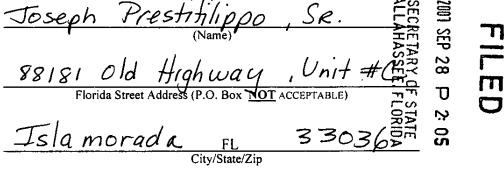
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. FL CRIM 50N LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. 26-113685 (FEI number, if applicable)
company is organized)
4. 9-19-2007 (Date of Organization)  5. 30 Years (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 489 South Riverview Drive ARRY SE TO towa NJ 07512 SEE 28
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here   9. The name and usual business addresses of the managing members or managers are as follows:
Joseph K. Prestitilippo JR.
Joseph R. Prestifilippo JR. 489 South Riverview DR.
Totowa NJ 07512
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida: Porchase
+ Manage Real Estate
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Joseph R. Prestilippo, JR.  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.

1. The name of	of the Limited Liab	ility Com	pany is:			
FL	CRIM 50	N.	LLC			
If name unavai	ilable, the alternate	name to	be used in the st	ate of Florida is	s:	
2. The name a	nd the Florida stree	et address	of the registere	d agent and offi	ice are:	
	Joseph	Pre	stifilippo	s, SR.	2001 SI SECRE TALLAH	חר



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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FL CRIMSON 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-SIXTH DAY OF SEPTEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FL CRIMSON LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2007.

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



ATTITUTE Harrigh Straith Windsor Sperger of State

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DATE: 09-26-07

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