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FLORIDA/FOREIGN LIMITED LIABILITY

BREOF TC VILLA TUSCANY LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

11/13/2007

PAGE 01/05



November 14, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: BREOF TC VILLA TUSCANY LLC

REF: W07000055855

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A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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P.O BOX 6327 - Tallahassee, Florida 32314

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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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 BREOF TO VILLA TUSCANY LLC (Name of Foreign Limited Liability Company) 2. DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. 10/22/2007 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. (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. 200 VESEY STREET, 11TH PLOOR, NEW YORK, NY USA 10281-1021 (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: 200 VESEY STREET, 11TH FLOOR, NEW YORK, MY USA 10281-1021 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: OWNERSHIP OF REAL ESTATE AND RELATED MATTERS. 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.) BILL CHAN / AUTHORIZED PERSON

FLOS7 - 9/09/03 C T Sympa Called

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.

ÉR	REOF TO VISTA GRAND LLC	
2. The name	and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	ASS OF
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	SS 3
	Plantation, Florida 33324	
	City/State/Zip	STA ORI
Having been i	named as registered agent and to accept service of process for the above stated l	SM ≥ imited
liability comp agent and agr relating to the	named as registered agent and to accept service of process for the above stated beany at the place designated in this certificate, I hereby accept the appointment acree to act in this capacity. I further agree to comply with the provisions of all state proper and complete performance of my duties, and I am familiar with and accept my position as registered agent as provided for in Chapter 608, Florida Statute	imited s registered tutes ept the
liability comp agent and agr relating to the	oany at the place designated in this certificate, I hereby accept the appointment a ree to act in this capacity. I further agree to comply with the provisions of all sta s proper and complete performance of my duties, and I am familiar with and acc	imited s registered tutes ept the
liability comp agent and agr relating to the obligations of	vany at the place designated in this certificate, I hereby accept the appointment a ree to act in this capacity. I further agree to comply with the provisions of all sta is proper and complete performance of my duties, and I am familiar with and acc if my position as registered agent as provided for in Chapter 608, Florida Stante	imited s registered tutes ept the

PAGE 04/05

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARS, DO HEREBY CERTIFY "BREOF TO VILLA TUSCANY 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. 2007.

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

4444614 8300 071221987



Warriet Smile Hinden

AUTHENTICATION: 6158779

DATE: 11-14-07