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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | e) | | |
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| Certified Copies | _ Certificates | of Status | | |
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SECRETARY OF STATE

FILED

B. KOHR

FEB 7 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 484930

4302355

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: February 6, 2008

ORDER TIME : 9:12 AM

ORDER NO. : 434930-065

CUSTOMER NO: 4302355

FOREIGN FILINGS

NAME: G&I VI LAUREL OAKS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| G&I VI LAUREL OAKS LLC |
|---|
| 1. G&I VI LAUREL OAKS 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 writte 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 3. Applied for |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. 02/04/2008 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. Upon qualification |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. c/o DRA Advisors LLC |
| 220 East 42nd Street, 27th Floor, New York NY 10017 |
| (Street Address of Principal Office) |
| 8. If limited liability company is a manager-managed company, check here |
| 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: 6. The name and usual business addresses of the managing members or managers are as follows: 6. The name and usual business addresses of the managing members or managers are as follows: |
| G&I VI Mezz Wrangler LLC |
| c/o DRA Advisors LLC |
| 220 East 42nd Street, 27th Floor, New York NY 10017 |
| 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: 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.) Authorized person of G&I VI Mezz Wrangler LLC, its Sole Member |
| 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.

| If name u | navailable, the alternate name t | o be used in the state of Florida is: | |
|--|---|---|---|
| 2. The na | me and the Florida street addre | ss of the registered agent and office ar | re: |
| | Corporation Service | Company | · |
| | | (Name) | |
| | 1201 Hays Street | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| | Tallahassee | FL 32301 | |
| | | City/State/Zip | . |
| liability co agent and relating to | mpany at the place designated it agree to act in this capacity. I fi the proper and complete perfor | nd to accept service of process for the al n this certificate, I hereby accept the ap arther agree to comply with the provision mance of my duties, and I am familiar w ent as provided for in Chapter 608, Flo | pointment as register ons of all statutes vith and accept the |

Corporation Service Com

(Signature)

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

Troy Todd as its agent

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "G&I VI LAUREL OAKS 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 SEVENTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "G&I VI LAUREL OAKS LLC" WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2008.

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

4499333 8300

080128919

You may verify this certificate online at corp.delaware.gov/authver.shtml

Warret Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6366637

DATE: 02-07-08