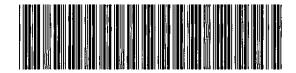
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| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
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EXAMINER



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| FILING COVER ACCT. #FCA-14 | SHEET | | |
| CONTACT: | TRICIA TA | DLOCK | OSMAR 19 PH 3: 12 SECRETARY OF STATE TALL DHAR SSEEL FLORIO |
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| CORP. NAME: | BOCAR& | D FINANCE 7 PARCEL 1, LLC | *7 |
| () ARTICLES OF INC () ANNUAL REPORT (XX) FOREIGN QUAI () REINSTATEMENT () CERTIFICATE OF () OTHER: | LIFICATION | () MERGER | () FICTITIOUS NAME |
| STATE FEES P | REPAID W | TH CHECK# 525161 | FOR \$ <u>160.00.</u> |
| AUTHORIZAT | ION FOR A | CCOUNT IF TO BE DEBITE | D: |
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Examiner's Initials

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. | В | OCA R & D FINANCE 7 PAR lity Company; must include "Limite | RCEL 1, LLC | <u> </u> | 08 |
|---------------------|---|--|--|--|-----------------|
| (N) | ame of Poreign Limited Liabi | lifty Company; must include "Limite | ва Бівонку Сотрапу, Выс | ,C., or ELC, C. | E P |
| consent of | unavailable, enter alternate na f the managers or managing m ," "L.L.C.," "LLC.") | me adopted for the purpose of transa- nembers adopting the alternate name | acting business in Florida an The alternate name must in | d attach a copy of the oclude "Limited Liabi | Swritt lity. |
| 2 | Delaware | foreign-limited-liability | | | 7 |
| -(Jurisdi compar | iction-under-the-law of which- ny is organized) | foreign-limited-liability | (FEI number, if appl | icable) | <u> </u> |
| • | 03/17/2008 (Date of Organization | 5 | Perpetual | ompany will cease to | - - |
| | , , | èxist o | r "perpetual") | | |
| j | (Date first (See section | transacted business in Florida, if prics 608.501 & 608.502 F.S. to determi | or to registration.) ne penalty liability) | | - |
| ' . | | Corporate Research, Ltd., | | \ve | |
| ٠ ـــــــ | | | mo, o to Lade. Am, | | • |
| | Tallahassee, | FL 32301 | l Office) | | - . |
|). The r | name and usual business the HRM, LTD | addresses of the managing med 3701 FAU Blvd. Ste. 205 | | | |
| | | , | | | |
| | , | | | | |
| <u></u> | | <u> </u> | | | |
| he jurisdic | ction under the law of which it i | distence, no more than 90 days old, du is organized. (A photocopy is not acce the translator must be submitted.) | ly authenticated by the officia eptable. If the certificate is in a | I having custody of rec a foreign language, a | cords i |
| 1. Nati | ure of business or purpos | es to be conducted or promote | d in Florida: REAL ES | STATE | |
| | | D 1.10 | | | |
| | | They | | | |
| | (In accordance | of a member or an authorized rewith section 608.408(3), F.S., the execution of the penalties of perjury that the first | ution of this document constitut | ber, | |
| | (In accordance | with section 608.408(3), F.S., the execu | ution of this document constitut acts stated herein are true.) | ber, les | |

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: | |
|---|------|
| BOCA R & D FINANCE 7 PARCEL 1, 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 a | are: |
| National Corporate Research, Ltd., Inc. | |
| (Name) | |
| 515 East Park Avenue | |
| 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.

Rose Marie de (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

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOCA R & D FINANCE 7 PARCEL 1, 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 MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOCA R & D FINANCE 7 PARCEL 1, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

4520218 8300

080330684

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

Varnet Smila Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6459195

DATE: 03-18-08