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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)	
FILING COVER S ACCT. #FCA-14	SHEET		
CONTACT:	TRICIA TA	ADLOCK	- مربد
DATE:	03-19-08		
REF.#:	<u>0638.14 QUALS</u>		TARRES SE TO
CORP. NAME:	BOCA R &	D FINANCE 7 PARCEL 3, LLC	OSMAR 19 PH 3: LZ SECRETARY OF STATE TALLAHASSEE, FLORE TALLAHASSEE, F
() ARTICLES OF INCO	PORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
(XX) FOREIGN QUAL	IFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF C	CANCELLATION	I	
() OTHER:			
STATE FEES PE	REPAID W	ITH CHECK# 525163	FOR \$ 160.00.
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	ED:

PLEASE RETURN:

(XX) CERTIFIED COPY (XX) CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY

COST LIMIT: \$_____

() CERTIFICATE OF STATUS

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: **BOCA R & D FINANCE 7 PARCEL 3. 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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is orpanized) 03/17/2008 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability National Corporate Research, Ltd., Inc. 515 East Park Ave Tallahassee, FL 32301 (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: HRM III, LTD 3701 FAU Blvd. Ste. 205 Boca Raton, 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.) Thomas A. Head

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 the Limited Liability Company	y is:				
BOCA R & D FINANCE 7 PARCEL 3, LLC					
If name unavailable, the alternate name to be v	used in the sta	te of Florida is:			
2. The name and the Florida street address of	the registered	agent and office are:			
National Corpo	rate Researci	n, Ltd., inc.			
(Name)					
515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)					
ronal dicernates	13 (1.0. DOX <u>110</u>	A NOCE TABLE			
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.

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\$ 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 "BOCA R & D FINANCE 7 PARCEL 3, 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 3, 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.

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080330294

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6458999

DATE: 03-18-08