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EXAMINER

OB APR 28 PM 3: 32 SECRETARY OF STATE TALLAHASSEE FISTATE



ACCOUNT NO. : 07210000032 REFERENCE : 546215 4321791 AUTHORIZATION : COST LIMIT ORDER DATE: April 25, 2008 ORDER TIME : 11:20 AM ORDER NO. : 546215-015 CUSTOMER NO: 4321791 FOREIGN FILINGS 'NAME: CITYPLACE NORTH I, L.L.C. XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Heather Chapman -- EXT# 2908 EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLOR LIMITED LIABILITY COMPANY TO TRANSACT BUSI		S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN STATE OF FLORIDA:
(Name of Foreign Limited Liability Compar	ny; must includ	e "Limited Liability Company." "L.L.C.," or "LI.C.")
		of transacting business in Florida and attach a copy of the written late name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")		·
2. Delaware	3.	PENDING
(Jurisdiction under the law of which foreign limi company is organized)	ted liability	(FEI number, if applicable)
4. April 25, 2008	5.	December 31, 2108
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
6.		S. S. S.
(See sections 608.501 &	usiness in Flori : 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)
7. 60 Columbus Circle		
New York, NY 10023		Fig. 7
(St	rect Address of	Principal Office)
8. If limited liability company is a manage	r-managed c	ompany, check here
9. The name and usual business addresses	of the manag	ging members or managers are as follows:
The name and address of the manag	ing member of	CityPlace North I, L.L.C. is:
CityPlace Partners, 60 Columbus	Circle, Nev	v York, NY 10023
	(A photocopy is	s old, duly authenticated by the official having custody of records in s not acceptable. If the certificate is in a foreign language, a ted.)
11. Nature of business or purposes to be co	inducted or p	romoted in Florida: real estate investment
	MHC)h
	er or an autho	prized representative of a member.
		the execution of this document constitutes that the facts stated herein are true,)
Michael H. Orbis		,

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	Com	pany is:	
CityPlace N	Iorth I, L.L.C.			
If name unava	nilable, the alternate nan	ie to l	be used in the state of Florida is:	
2. The name	and the Florida street ad	dress	of the registered agent and office are:	
	Corporation Servi	ce Co	ompany	
			(Name)	
	1201 Hays Street			
	Florida Stre	et Add	dress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee		FL 32301	
			City/State/Zip	
liability compa agent and agre relating to the obligations of t	iny at the place designate to act in this capacity. proper and complete permy position as registered a Service Company (Signature)	ed in ti I furti forma agent	to accept service of process for the above state this certificate, I hereby accept the appointment ther agree to comply with the provisions of all ance of my duties, and I am familiar with and at as provided for in Chapter 608, Florida State	nt as registered statutes accept the
	•	0.00 5.00		
		0.00 5.00	Certified Copy (optional)	
	.3	3.00	Certificate of Status (optional)	

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITYPLACE NORTH I, L.L.C." 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-FIFTH DAY OF APRIL, A.D. 2008.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6550117

DATE: 04-25-08

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