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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations

'					
SUBJECT: FL HUD Margate, LLC					
	ited Liability Con	npany)			
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida					
Please return all correspondence concerning this m	atter to the follow	ving:			
Todd Reynolds					
(Na	me of Person)				
Cypress Administrative Se	rvices, LLC				
(Firm/Company)					
44 South Broadway, Suite	614				
	(Address)		정		
White Plains, NY 10601			SECRETARY SECRETARY SECRETARY		
(City/Sta	ate and Zip Code)		1-9 1881		
For further information concerning this matter, plea	ase call:		PH 3: 50	ED	
Todd Reynolds	at (_914)	390-4301	RIDA RIDA		
(Name of Person)		& Daytime Telephone	Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount: \$\sum_\$125.00 Filing Fee \$\sum_\$130.00 Filing Fee & Certificate of	\$155.00 Filing Status Certif		ng Fee, Certific tatus & Certific		

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:

05/06/2008 5. (Date of Organization) (Duration: Year	El number, if applicable) PERPETUAL			
O5/06/2008 (Date of Organization) 5. (Duration: Year				
Date of Organization) (Date of Organization) 5. (Duration: Year exist or "perpetter)	PERPETUAL			
(Date of Organization) (Duration: Year exist or "perpeti				
	PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")			
(Date first transacted business in Florida, if prior to regis	stration.)			
(See sections 608.501 & 608.502 F.S. to determine penalty	y liability)			
HUD Facilities, LLC				
44 South Broadway, Suite 614 White Plains NY	10601			
(Street Address of Principal Office)				
If limited liability company is a manager-managed company, check	here			
The name and usual business addresses of the managing members o	r managers are as follows:			
HUD Facilities, LLC	O8, SEC ALL			
	REI SA			
44 South Broadway, Suite 614 White Plains, NY	10601			
	P P			
	- 			
Attached is an original certificate of existence, no more than 90 days old, duly authent				
Attached is an original certificate of existence, no more than 90 days old, duly authent jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If				

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.)

Ari Markenson, Authorized Representative

Typed or printed name of signee

The nature of business to be conducted is any lawful purpose under Florida Statutes.

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	ny is:			
	FL HUI	D Margate, LLC	· · · · · · · · · · · · · · · · · · ·		
2. The name	and the Florida street address of	f the registered a	gent and office are:	·	
	National Corp	orate Research,	Ltd., inc.		
		(Name)			
		ast Park Avenue	<u> </u>		
	Florida Street Addre	ss (P.O. Box <u>NOT</u>	ACCEPTABLE)	 :	
	Tallahassee	FL City/State/Zip	32301	SECO ALLA	80 ال
				HASS	Z 7
liability compagent and agreelating to the	named as registered agent and to pany at the place designated in this ree to act in this capacity. I further proper and complete performant fmy position as registered agent at	s certificate, I he er agree to comp ce of my duties, a	reby accept the appo ly with the provisions and I am familiar with	ve stated limited sintment as registered so of all statutes or hand accept the	
(lyn-1	Lelvin Asst Sec.				

\$ 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 "FL HUD MARGATE, 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 SECOND DAY OF JUNE, A.D. 2008.

080644558

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6627417

DATE: 06-02-08

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