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COVER LETTER

_	rision of Corporations				
SUBJECT					
	(Name of L	imited Liability Company)			
Florida," C		Liability Company for Authorization to Transubmitted to register the above referenced in			
Please retur	rn all correspondence concerning this	s matter to the following:			
	Todd Reynolds				
		Name of Person)			
	Cypress Administrative S	Services, LLC	<u>.</u>		
	(Firm/Company)			
	44 South Broadway, Suit	te 614		_	
(Address)			SE CRE	NUL 80	
White Plains, NY 10601			SE	9-1	<u></u>
	(City/State and Zip Code)				
For further information concerning this matter, please call:			IY OF STATE SEE, FLORIDA	PH 3: 54	O
То	dd Reynolds	at (914) 390-4301	Ä	-	
	(Name of Person)	(Area Code & Daytime Telephone N	Number))	
MA	AILING ADDRESS:	STREET ADDRESS:			
Division of Corporations		Division of Corporations			
	D. Box 6327	Clifton Building			
I all	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	s a check for the following amount: 125.00 Filing Fee \$130.00 Filing Fee Certificate	•	Fee, Cert		

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:

(Name of Foreign Limited Liability Company) DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) DELAWARE 3. (FEI number, if applied to appli		ease to	-
. 05/06/2008 5. PERPETUAL (Date of Organization) (Duration: Year limited liability coexist or "perpetual")	mpany will c	ease to	
			-
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
Gulf Coast Facilities, LLC			_
44 South Broadway, Suite 614 White Plains NY 10 (Street Address of Principal Office)	601		_
3. If limited liability company is a manager-managed company, check here	SECRI	1UL 80	-37
The name and usual business addresses of the managing members or managers are a Gulf Coast Facilities, LLC	is foliows:	-9 P	
44 South Broadway, Suite 614 White Plains, NY 10601	FLORIDA	ည်း မှ	_ _
- - 3. I	Gulf Coast Facilities, LLC 44 South Broadway, Suite 614 White Plains NY 10 (Street Address of Principal Office) f limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are a Gulf Coast Facilities, LLC	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Gulf Coast Facilities, LLC 44 South Broadway, Suite 614 White Plains NY 10601 (Street Address of Principal Office) f limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Gulf Coast Facilities, LLC 44 South Broadway, Suite 614 White Plains, NY 10601	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Gulf Coast Facilities, LLC 44 South Broadway, Suite 614 White Plains NY 10601 (Street Address of Principal Office) f limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Gulf Coast Facilities, LLC 44 South Broadway, Suite 614 White Plains, NY 10601

- 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:

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

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

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 t	the Limited Liability Compa	ny is:				
	NF B	rynwood, LLC	· · · · · · · · · · · · · · · · · · ·			
2. The name and	the Florida street address o	f the registered a	agent and office are	3 :		
_	National Corp	orate Research,	Ltd., Inc.			
-		(Name)				
_		ast Park Avenu				
	Florida Street Addre	:ss (P.O. Box <u>NO'</u>	CACCEPTABLE)			
_	Tallahassee	FL	32301	T &&	80	
		City/State/Zip		CRES LAHA	- MUL	
liability company agent and agree to relating to the pro	ed as registered agent and to at the place designated in this capacity. I furthe oper and complete performan position as registered agent a (Signature)	is certificate, I he er agree to comp ce of my duties, c	reby accept the app ly with the provisio and I am familiar w	ns of all statutes ith and accept the	-9 PH 3:54	

\$ 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 "NF BRYNWOOD, 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.

4543999 8300

080644554

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6627449

DATE: 06-02-08

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