

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000158052 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

: DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L. Account Name

Account Number : I20020000137 : (904)301-1269 Phone : (904)301-1279 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Crosstown Owner LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Fling Menu

Help

JUL - 7 2009

EXAMINE

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

1.	Cros	stown Owi	ner LLC		
(Nam	e of Foreign Limited Liability Company;	must include "L	imited Liability Compa	any," "L.L.C.," or "LLC.")	
consent of th	available, enter alternate name adopted for ne managers or managing members adoption "L.L.C," "LLC.")	the purpose of t	ransacting business in ame. The alternate nur	Florida and attach a copy of the ne must include "Limited Liab	_ e writter ility
2	Delaware	3	27-0 (FEI number	0470203	_
(Juriadicti	on under the law of which foreign limited is organized)	Hability	(FEI number	er, if applicable)	
4	June 3, 2009		Pe	erpetual	
	(Date of Organization)	ÇI Ç	Ouration: Year limited cist or "perpetual")	liability company will cease to	
6. Upon a	acceptance				
	(Date first transacted busi (See sections 608,501 & 60	ness in Florida, 8.502 F.S. to de	if prior to registration.) termine penalty liabilit	y)	
z clo Fo	la Capital LLC, One Independer				8
	onville, FL 32202	51170, 641.			09 JUL -6 AM 8: 46
Jacks	(Stree	t Address of Pri	ncipal Office)		- I
8. If limit	ed liability company is a manager-r	nanaged com	pany, check here	7 1 ·	2 :
	·		↓ -1.		8
9. The nai	me and usual business addresses of	the managing	members or mana	gers are as follows:	. 46
CRS-	CFRP Holdings LLC				_
c/o Ed	ola Capital LLC, One Independe	nt Drive, Sui	te 1850		_
Jacks	onville, FL 32202				
the jurisdictic	l is an original certificate of existence, no mor on under the law of which it is organized. (A Othe certificate under oath of the translator m	photocopy is no	acceptable. If the certif	the official having custody of re icate is in a foreign language, a	ecords in
11. Nature	e of business or purposes to be cond	iucted or pror	noted in Florida: _	All lawful business	_
	permitted under the laws of the	ne United Sta	ates and of the St	ate of Florida.	_•
	Signature of a member (In accordance with section 60 an affirmation under the penal	8,408(3), F,S., tho	execution of this docume	ent constitutes	
		Troy M.		•	

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 is:

Crosstown Owner LLC						
If unavailable, the alternate to be used in the state of Florida is:						
2. The name and the Florida street address of the registered agent and office are:	~					
Henry F. Pratt, III						
(Name)						
c/o Eola Capital LLC, One Independent Dr., Suite 1850 Florida Street Address (P.O. Box NOT ACCEPTABLE)						
Jacksonville, F1_32202 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 regist 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. (Signature)	ered					

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CROSSTOWN OWNER 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROSSTOWN OWNER LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4694634 8300

090643916

DATE: 06-24-09

AUTHENTY CATION: 7380753