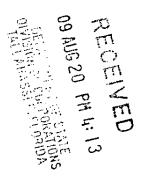
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MA	NL.
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	-
	·	

Office Use Only



900159634909





B. KOHR

AUG 21 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE

4348715

AUTHORIZATION-

COST LIMIT /:

ORDER DATE: August 20, 2009

ORDER TIME : 2:29 PM

ORDER NO. : 102474-005

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME: P 7 QUORUM CENTER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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:

P 7 Quorum Center LLC	
(Name of Foreign Limited Liability Company	y; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for consent of the managers or managing members adopted Company," "L.L.C.," "LLC.")	or the purpose of transacting business in Florida and attach a copy of the written ting the alternate name. The alternate name must include "Limited Liability
2. Delaware	3. Applied For
(Jurisdiction under the law of which foreign limite company is organized)	d liability (FEI number, if applicable)
4. 8/19/2009	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted by	siness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)
7. 825 Third Avenue, 36th Floor	508,502 F.S. to determine penalty liability)
New York, New York 10022	and the second s
(Str	ect Address of Principal Office)
8. If limited liability company is a manager	-managed company, check here
9. The name and usual business addresses of	of the managing members or managers are as follows:
TPF VII REIT, 825 Third Avenue	, 36th Floor, New York, New York 10022
	nore than 90 days old, duly authenticated by the official having custody of records in (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
11. Nature of business or purposes to be co	nducted or promoted in Florida:
Real Estate Investment	Λ Λ
	14 ()
Signatural of a member	er or an authorized representative of a member.
(In accordance with section	608.408(3), F.S., the execution of this document constitutes
	nalties of perjury that the facts stated herein are true.)

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	of the Limited Liability (Company is:	
P 7 QUORL	JM CENTER LLC		
If name unava	ilable, the alternate nam	e to be used in the state of Florida is:	
2. The name a	and the Florida street add	dress of the registered agent and office are:	
	Corporation Service	ee Company	
		(Name)	
	1201 Hays Street		
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability compa agent and agre relating to the p obligations of r	ny at the place designate se to act in this capacity. proper and complete perj	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as reg I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes. Troy Todd as its agent	gisterea S

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "P 7 QUORUM CENTER 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 TWENTIETH DAY OF AUGUST, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P 7 QUORUM CENTER LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2009.

4722081 8300

090791913

AUTHENTY CATION: 7485275

DATE: 08-20-09

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