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| (Requestor's Name) (Address) | | | | | |
|---|--|--|--|--|-----------|
| | | | | | (Address) |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business:Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

G. MCLEOD

SEP 23 2009

EXAMINER



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COVER LETTER

TO:

Registration Section

| Divisio | n of Corporations | | |
|-------------------|--|---|--|
| SUBJECT: | Crosland F | und Management, LLC | |
| | Nar | ne of Limited Liability Company | |
| | | | ransact Business in Florida," Certificate of ity company to transact business in Florida |
| Please return all | correspondence concerning this ma | atter to the following: | |
| | | Melanie Mastalski | - |
| | | Name of Person | |
| | | C/O CROSLAND, LLC | |
| | | Firm/Company | |
| | 227 | 7 W. Trade St., Suite 800 | |
| • | | Address | |
| | | Charlotte, NC 28202 | |
| t | | City/State and Zip Code | |
| _ | | nastalski@crosland.com | |
| | E-mail address: (t | o be used for future annual report no | ification) |
| For further infor | mation concerning this matter, plea | se call: | |
| | Melanie Mastalski | at (704) | 561-5225 |
| | Name of Person | Area Code & Daytime Telephor | ne Number |
| | NG ADDRESS: | STREET ADDRESS: | |
| | n of Corporations | Division of Corporations Registration Section | |
| P.O. Bo | ation Section | Clifton Building | |
| | ssee, FL 32314 | 2661 Executive Center Circle | |
| 4 611011101 | | Tallahassee, FL 32301 | |
| | • | | |
| Enclosed is a | check for the following amou | nt: | |
| \$125 | .00 Filing Fee \$130.00 Filing Certificate o | | \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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:

| 1. | Crosland F (Name of Foreign Limited Liability Company; | und Ma | nagement, LLC "Limited Liability Company," "L.L | C.," or "LLC.") |
|-------------|--|--|---|--|
| COI | name unavailable, enter alternate name adopted for nsent of the managers or managing members adopting manay," "L.L.C," "LLC.") | | | |
| 2. | NORTH CAROLINA | 3 | 27-076848 | 4 |
| | NORTH CAROLINA (Jurisdiction under the law of which foreign limited company is organized) | liability | 27-076848 (FEI number, if appl | icable) |
| 4. | 08/19/2009 | 5. | | |
| | (Date of Organization) | - | (Duration: Year limited liability coexist or "perpetual") | ompany will cease to |
| 6. | 09/11/2009 | | | SE VISI |
| | (Date first transacted busin (See sections 608.501 & 608 | ness in Flori 8.502 F.S. to | da, if prior to registration.) determine penalty liability) | SEP 22 |
| 7. | 227 W. Trade St., Suite 800 | | | ستورش نا |
| | Charlotte | North Ca | rolina | 282025 |
| | | | Principal Office) | <u>ω</u> ≥> |
| | If limited liability company is a manager-n The name and usual business addresses of Crosland, LLC | | | as follows: |
| | 227 W. Trade St., Suite 800 | | | |
| | Charlotte | North Ca | arolina | 28202 |
| the trar | (In accordance with section 608 | photocopy i ist be submit ucted or p or an auth 3.408(3), F.S. | s not acceptable. If the certificate is in a ted.) | a foreign language, a state Investment |
| | | | n, VP of Manager | |
| | Typed or | r printed n | ame 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 Co | mpany is: | | | | |
|---|-------------------------|---------------------|--|--|--|
| Crosland F | - und Managemei | nt, LLC | | | |
| If unavailable, the alternate to be used in | the state of Florida is | : | | | |
| 2. The name and the Florida street addre | ss of the registered ag | ent and office are: | | | |
| Perry J. Reader | | | | | |
| (Name) | | | | | |
| c/o Crosland, LLC, 5850 T.G. Lee Blvd., Suite 200 | | | | | |
| Plorida Street Address (P.O. Box NOT ACCEPTABLE) | | | | | |
| Orlando | FL | 32822 | | | |
| | 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 registered 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 objections of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CROSLAND FUND MANAGEMENT, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of August, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of September, 2009.

Elaine I. Marshall

Secretary of State