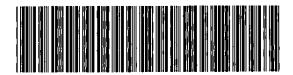
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(Requestor's Name)		
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(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number) *		
Certified Copies Certificates of Status		
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EXAMINER

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12-03-09

NAME:

PANTHER ORLANDO/VENUE, LLC

TYPE OF FILING: APPLICATION OT TRANSACT BUSINESS

COST:

\$160

RETURN: GOOD STANDING & CERT. COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAU

COVER LETTER

TO: Registration Section Division of Corporations

OSOK SA CORPORATIONS SUBJECT: Panther Orlando/Venue, LLC (Name of Limited Liability Company) The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.. Please return all correspondence concerning this matter to the following: Clifford Esher (Name of Person) Scyfarth Shaw LLP (Firm/Company) 2 Seaport Lane, Suite 300 (Address) Boston, MA 02210 (City/State and Zip Code) For further information concerning this matter, please call: at (617) 946-4811 (Area Code & Daytime Telephone Number) Clifford Esher (Name of Person)

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:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee &

Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

■ \$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 (0850), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXCY LIMITED HARMITY COMPANY TO TRANSACT IN SIMPS IN THE STATE OF FLORIDA

	Panther Orlando/Venue, LLC (Name of Foreign Limited Linbility Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
(I	Fname unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")			
2	Massachusetts 3.			
	(Jutisdiction under the law of which foreign limited liability company is organized) (FE) number, if applicable)			
4.	November 4, 2009 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to			
	November 4, 2009 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")			
б.	N/A			
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7.	7. 20 Mall Road, Suite 325, Burlington, MA 01803			
	(Street Address of Principal Office)			
8.	If limited fiability company is a manager-managed company, check here			
9,	9. The name and usual business addresses of the managing members or managers are as follows:			
	David R. Masse, 20 Mall Road, Suite 325, Burlington, MA 01803			
	David C. Sweetser, 70 Walnut Street, Wellesley, MA 02481			
die	Attached is an original certificate of existence, no more than 90 days old, duly ambenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not neceptable. If the certificate is in a foreign language, a usbation of the certificate under each of the translator must be submitted.)			
п	. Nature of business or purposes to be conducted or promoted in Florida: To own and operate			
	commercial real estate.			
	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 perfury that the facts stated herein are true)			
	David R Magge			
	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 Liabilit	ty Company is:	
Panther Orlando/Venue, LLC		
If name unavailable, the alternate na	ame to be used in the state of Florida is:	
2. The name and the Florida street	address of the registered agent and office are:	
	NRAI Services, Inc.	
	(Name)	
2731 Executive Park Drive, Suite 4		
Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	
Weston	FL 33331	
	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 obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

NRAI Services, Inc.

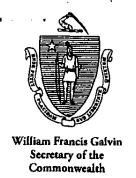
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

December 2, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

PANTHER ORLANDO/VENUE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on November 4, 2009.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: DAVID R. MASSE, DAVID C. SWEETSER

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: DAVID R. MASSE, DAVID C. SWEETSER

The names of all persons authorized to act with respect to real property listed in the most recent filing are: DAVID R. MASSE, DAVID C. SWEETSER



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Min Travin Gallein