Division of Torpo

Division of Corporations Electronic Filing Cover Sheet

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To:

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Account Name : C T CORPORATION SYSTEM

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Ema	i	1	Address	
	_	_		۰

Foreign Limited Liability Company CS Aventura LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

S. HAWKES MAR 1 6 2010 **EXAMINER**

COVER LETTER

JECT:		CS AVENTURA LLC	
		Name of Limited Liability Company	
			to Transact Business in Florida," Certifica ability company to transact business in Florida.
șe return all correspond	dence concerning this	s matter to the following:	
		Carolyn Silva	
	···	Name of Person	
		CapitalSource	
		Firm/Company	
		4445 Willard Avenue, 12th Floor	
		Address	
,		Chevy Chase, MD 20815	,
· -		City/State and Zip Code	
		csilva@capitalsource.com	
	E-mail addres	s: (to be used for future annual report	notification)
urther information con	cerning this matter, p	please call:	
	Сarolyп	at (301)	841-2765
?	Name of Person	Area Code & Daytime Telep	hone Number
MAILING ADDI- Division of Corpor Registration Section	ations	STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327 Tallahassee, FL 32	314	Clifton Building 2661 Executive Center Circlo Tullahassee, FL 32301	
land in a about for	the following am	oomt.	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware applied for (PEl number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) March 11, 2010 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6, upon filing (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 4445 Willard Avenue, 12th Floor, Chovy Chase, MD 20815 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: CSE Mortgage LLC, 4445 Willard Avenue, 12th Floor, Chevy Chase, MD 20815 10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated 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 ceth of the translator must be submitted.) to hold title to real property 11. Nature of business or purposes to be conducted or promoted in Florida: _ Signature of a member or an authorized representative of a member. On accordance with rection 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) Carolyn Silva, 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, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

CS Avoature LLC						
If unavailable, the altern	ate to be used in the	e state of Florida is:				
		The state of the s				
2. The name and the Flo	orida street address	of the registered agent and office are:				
	CT.	Carporation System				
Exacts Tomar Scott		(Name)	•			
En apr. ss. ska est. s.		South Pine Island Road	ē			
1	Plorida Street Add	rces (P.O. Box NOT ACCEPTABLE)				
	Plantation	Pf 33324				
		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.

Mark Brinkman Vice President and Assistant Secretary

Signature)

\$ 100,00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CS AVENTURA 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 TWELFTH DAY OF MARCH, A.D. 2010.

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

DATE: 03-12-10