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Division of Corporations

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Foreign Limited Liability Company CS Bonita LLC

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

N. October MAR 2 5 2010

COVER LETTER

UBJECT:	CS Bonite LLC	
	Name of Limited Liability Company	
he enclosed "Application by I Existence, and check are submi	oreign Limited Liability Company for Authorization to ted to register the above referenced foreign limited lia	o Transact Business in Florida," Certifi bility company to transact business in I
lease return all correspondenc	concerning this matter to the following:	<i>y</i> .
	Carolyn Silva	
	Name of Person	
	CapitalSource	
	Firm/Company	, .
	4445 Willard Avenue, 12th Ploor	
	Address	
	Chevy Chase, MD 20815	
	City/State and Zip Code	
	CSilva@ospitalsource.com	
	E-mail address: (to be used for future annual report r	otification)
or further information concerns	ng this matter, please cail:	
	olyn Silva at (301)	841-2765
Name	of Person Area Code & Daytime Teleph	one Number
MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	
Division of Corporation Registration Section	Division of Corporations Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
•	Tallahassec, FL 32301	
nclosed is a check for the	following amount:	
		, , , , , , , , , , , , , , , , , , ,
\$125.00 Filing For	\$130.00 Filing Fee & \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CS Bonita LLC (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 atternate name. The atternate name must include "Limited Liability Company," "L.L.C." "LLC.") Delaware applied for (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) March 23, 2010 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpotual") 6, upon filing (Date first transacted business in Florids, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 7. 4445 Willard Avenue, 12th Floor Chevy 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: Capital Source Finance 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 authenticated 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ______ to hold title to real property Signature of a member of 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 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, 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 L	iability Com	oany is:				
CS Boni	ta LLC					
If unavailable, the alternate to	be used in th	e state of Florida i	s:			
2. The name and the Florida s	treet address	of the registered a	gent and offic	e are:	SEUT	10 MAR 24
	ст	Corporation System.			モニ	20
		(Name)	·		\$5.55 \$5.55	24
					E C	
	1200	South Pine Island Ros	d		TI.	=
Ple	orida Street Add	ress (P.O. Box <u>NOT</u>	ACCEPTABLE)		STATE LORIDA	8: 06
P	lantation	EL 33324			DA-	<u>a</u>
The state of the s	a galeksekseksi a kata a gale	City/State/Zip		· .		
Having been named as registere liability company at the place de agent and agree to act in this carelating to the proper and compobligations of my position as ref	esignated in the pacity. I furti lete performa	nis certificate, I her her agree to comply nce of my duties, a	eby accept the y with the prov nd I am familia	appointment as isions of all stat ir with and acce	registered tytes pt the	
By: U MU	2/					
(Signature)		·				
Mark Brinkman President and Assistant Secretary	S 100.00	Filing Fee for A	nalication			
Liamingur of in Languages and	\$ 25.00	Designation of		ent		
	\$ 30.00	Certified Copy (

\$ 5.00 Certificate of Status (optional)

Delaware

D3/22

The First State

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

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

4802967 8300

100310805

IERRY W. Bullock, Secretary of State
ITHENTS CATION: 7888582

DATE: 03-24-10