Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Olvision of Corporations

Fax Number

: (850)617-6383

L. SELLERS

MAR 31 2010

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)876~5368

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EXAMINER

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

Email	Address:	(See attached)
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Foreign Limited Liability Company LCP SLJV 2010-1 FL-3, L.L.C.

Certificate of Status Certified Copy Page Count istimated Charge

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	COVER LETTER			
	gistration Section vision of Corporations			
SUBJECT:	LCP SLJV 2010-1 FL-3, L.L.C.			
	Name of Limited Liability Company			
Existence, a	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flori nd check are submitted to register the above referenced foreign limited liability company to transact b null correspondence concerning this matter to the following:	da," Certificat usiness in Flo	e of rida	
	Maril Gatting			
	Mary Getting Name of Person	_		
	Archon Group, L.P. Pirm/Company			
	Pirm/Company	_		
	6011 Cannection Drive			
		_		
	Irving Texas 75039 City/State and Zip Code	_		
	mary. getting@archongroup.com	1. '		
For further in	nformation concerning this matter, please call:			
5	para Frederick at al4 , 982-3685			
	Name of Person Area Code & Daytime Telephone Number	_		
	UING ADDRESS: STREET ADDRESS:	•		
	ision of Corporations Division of Corporations istration Section Registration Section			
P.O.	. Box 6327 Clifton Building			
Tall	uhassee, FL 32314 2661 Executive Center Circle Tullahassee, FL 32301			
Enclosed is	s a check for the following amount:			
⊠s	125.00 Filing Fee \$ \$130.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee,	Certificate		
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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: LCP SLJV 2010-1 FL-3, L.L.C. (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.") Applied for Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign lunited liability company is organized) Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 6011 CONNECTION DRIVE Irving, TX 75039 (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: LCP STRATEGIC LOAN JOINT VENTURE 2008-1, LLC c/o LCP Ventures 1, LLC c/o LandCap Partners c/o NorthStar Realty Finance Corp. Attention: Brian Hebb 399 Park Avenus, 18th Floor New York, New York 10022 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 outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: 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 ponalties of perjury that the facts stated herein are true.) ADAM J. BROOKS.

Typed or printed name of signee

FLOST - 05/06/2009 C T System Challes

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 Company is:
	LCP SLJV 2010-1 FL-3, L.L.C.
If unavailable, th	ac alternate to be used in the state of Florida is:
2. The name and	the Florida street address of the registered agent and office are:
	C T Corporation System
•	(Name)
	1200 South Pine Island Road
	Florida Street Address (P.O. Hox NOT ACCEPTABLE)
	Plantation FI 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.

C T Corporation System

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\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LCP SLJV 2010-1 FL-3, L.L.C." 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-NINTH DAY OF MARCH, A.D.

2010.

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

4797976 8300

100326735

DATE: 03-29-10

AUTHENTICATION: 7897967