Division of Corp Florida Department of State

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Division of Corporations

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Foreign Limited Liability Company

JPM CIBC20 - Castillo Real Hotel SPE LLC

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Certified Copy	1
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APK _ 5 2010

COVER LETTER

Name of Limited Liability Company The eaclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florids," Certificate of Existence, and check are submitted to register the shove referenced foreign limited hability company to transact business in Florids, Please return all correspondence concerning this matter to the following: Vortine Owens	SUBJECT:	JPM CIBC20 - Castillo Real Hotel SPE LLC
Existence, and check are submitted to register the shove referenced foreign limited hability company to transact business in Florida Please return all correspondence concerning this matter to the following: Yvorine Owens Name of Person Centerline Servicing LLC c/o Island Capital Group Firm/Company 200 Whitsett Street Address Greenville, SC 29601 City/State and Zip Code yowens@islacap.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yvorine Owens Are Code & Deptime Telephone Number MALLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Inclosed is a check for the following amount:	~ · · · · · · · · · · · · · · · · · · ·	
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Centerline Servicing LLC c/o Island Capital Group Firm/Company 200 Whitsett Street Address Greenville, SC 29601 City/State and Zip Code YOWens@islecap.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YVorine Owens at (864) 331-0307 Name of Person Area Code & Deytime Telephone Number MALLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Citipos Building Tallahasses, FL 32314 Sections of Corporations Concerning this matter, please call: Size Code & Deytime Telephone Number MALLING ADDRESS: Division of Corporations Registration Section Registration Section Citypos Building Tallahasses, FL 32314 Conclused is a check for the following amount: Size Code & Size Code Size Code & Deytime Telephone Number Size Code & Deytime Telephone Number MALLING ADDRESS: Division of Corporations Registration Section Registration Section Registration Section Citypos Building Tallahasses, FL 32314 Conclused is a check for the following amount: Size Code & Size Code S		
Centerline Servicing LLC c/o Island Capital Group Firm/Company 200 Whitsett Street Address Greenville, SC 29601 City/State and Zip Code yowens@islecap.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yvorine Owens at (864) 331-0307 Name of Person Area Code & Daytime Telephone Number MALLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Inclosed is a check for the following amount: \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TTMESTAL)	COMMENT COMMENT TO THE DOMESTON BY THE STATE OF PITTININE.		
1.	JPM CIBC20 - Castillo Real Hotel SPE LLC ame of Foreign Limited Liability Company; most include "Dimited Liability Company," "LL.C.," or "		
	and or reading company, most member "Elimed Distrilly Company," "Lille.," or "	aldan)	
consent of	navallable, enter alternate name adopted for the purpose of transacting business in Florida and attach a the managers or managing members adopting the alternate name. The alternate name must include "Lin" "LLC," "LLC,"	copy of the written mited Lizbility	
2	Delaware 3.		
(Furisdict	tion under the law of which foreign limited liability (FEI number, if applicable) y is organized)	-,	
4	3/30/20(0 5. perpetual (Duration: Year limited liability company will be a company w		
	(Date of Organization) (Doration: Year limited liability company will exist or "perpetual")	cease to	
6. upon t	the filing of this application	A A	5
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	A	APR
7. c/c Ce	enterline Servicing LLC, 5221 N. O'Connor Blvd., Suite 600	````	-2
Irvina.	, TX 75039	<u> </u>	
	(Street Address of Principal Office)		₹
8. If limite	ed liability company is a manager-managed company, check here	SATE (8. 09
9. The nai	me and usual business addresses of the managing members or managers are as follows		
Cente	erline Servicing LLC		
5221 1	N. O'Connor Blvd., Suite 600		
irving,	TX 75039		
the juristliction	is an original conflicate of existence, no more than 90 days old, duty authenticated by the official having out n under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang the certificate under eath of the translator must be submitted.)	ndy of records in	
11. Nature	of business or purposes to be conducted or promoted in Florida: to conduct any bu	siness	
a	ctivity permissible under the Delaware Act and the laws of the State of Florida		
	dem (las / h. A	 .	
na sa	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 index the population of parjury that the facts stated herein are true.)		
• •)	Jenna Vick Unell, 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 Liability Con	npany is:	
	JPM CIBC20 - C	Castillo Real Hotel SPE LLC	
If unavailable, the	alternate to be used in t	he state of Florida is:	:
2. The name and th	e Florida street address	of the registered agent and office are	 ;
,	ст	Corporation System (Name)	10 APR . SEVACT TALLAHY
	1200 S. Pine Island Road, Suite 250 Florids Street Address (P.O. Box NOT ACCEPTABLE)		ARY OF SSEE, F
	Plantation	FL 33324 City/State/Zip	8: 09 STATE LORIDA

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.

(Signature)

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

\$ 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 .

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JPM CIBC20 - CASTILLO REAL HOTEL SPE 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 THIRTY-PIRST DAY OF MARCH, A.D. 2010.

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

4806045 8300

100334807

You may verify this certificate onlin

AUTHENTY CATION: 7904181

DATE: 03-31-10