### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: NRAI SERVICES, LLC Account Name

Account Number : I20080000104

Phone

: (302)674-4089

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

sserna@cresentheights.com Email Address:

#### Foreign Limited Liability Company CH INVESTMENT HOLDINGS 2, LLC

	<u> </u>
Certificate of Status	0
Certified Copy	1
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S. HAWKES

MAY 07 2010

**EXAMINER** 

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	APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO					
	TRANSACT BUSINESS IN FLORIDA					
IN LI	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREICE MITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:					
1.	CH Investment Holdings 2, LLC					
	CH Investment Holdings 2, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."					
_						
ÇOI	name unavailable, enter alternate name adopted for the putpose of transacting business in Florida and attach a copy of the putpose of transacting business in Florida and attach a copy of the putpose of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability propany," "L.L.C," "LLC.")					
2.	DELAWARE 3 APPLIED FOR					
•	(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)					
4.	5/5/2010 5. DECEMBER 31, 2040 (Date of Organization) (Duration: Year limited liability company will cease to					
	5/5/2010  (Date of Organization)  5. DECEMBER 31, 2040  (Duration: Year limited liability company will cease to exist or "perpetual")					
6	UPON QUALIFICATION					
•	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
-	• • • •					
7.	7. 2200 BISCAYNE BOULEVARD					
	MIAMI, FLORIDA 33137 (Street Address of Principal Office)					
	(Street Address of Frincipal Office)					
8.	3. If limited liability company is a manager-managed company, check here					
9.	7. The name and usual business addresses of the managing members or managers are as follows:					
	Sonny Kahn, Manager, 2200 Biscayne Blvd., Miami, FL 33137					
	Russell Galbut, Manager, 2200 Biscayne Blvd., Miami, FL 33137					
	Bruce Menin, Manager, 2200 Biscayne Blvd., Miami, FL 33137					
hej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in unisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)					
1.	Nature of business or purposes to be conducted or promoted in Florida:					
_	REAL ESTATE DEVELOPMENT					
	AHA					
	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 penaltics of perjury that the facts stated begin are true.)					

SHARON CHRISTENBURY, AUTHORIZED REPRESENTAT
Typed or printed name of signee

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# 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:	皇 王
CH INVEST	MENT HOLDINGS 2, L	LC LC
If unavailable, the alternate to be used in	the state of Florida is:	SSEE FU
2. The name and the Florida street addre	ss of the registered agent and	office are:
NR	AI SERVICES, INC.	·
	(Name)	
	ecutive Park Drive, Suite 4	
Florida Street A	ddress (P.O. Box NOT ACCEPTAB	re)
wes		
	City/State/Zip	
Having been named as registered agent and liability company at the place designated in agent and agree to act in this capacity. If we relating to the proper and complete perform obligations of my position as registered agents.  (Signature)	this certificate, I hereby acce, orther agree to comply with the nance of my duties, and I am fo	pt the appointment as registered provistons of all statutes amiliar with and accept the

\$ 100.00 · Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

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# Delaware

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## The First State

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

DELAWARE, DO HEREBY CERTIFY "CH INVESTMENT HOLDINGS 2, 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 FIFTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH INVESTMENT HOLDINGS 2, LLC." WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2010.

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

10 MAY -6 AM II: OU SECRETARY OF STATE TAIL AHASSEE; FLORIDA

4819836 8300

100464078

You may varify this cartificate onli

Juffey W. Bullock, Secretary of State
AUTHENTY CATION: 7974116

DATE: 05-05-10

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