Florida Department of State

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To:

Division of Corporations

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From:

: NRAI SERVICES, LLC Account Name

Account Number : 120080000104 Phone

: (302)674-4089

Fax Number

: (302)674-5266

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

Email Address: sserna@crescentheights.com

Foreign Limited Liability Company CH REGION 5 HOLDINGS, LLC

Certificate of Status	0			
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S. HAWKES

MAY 07 2010

EXAMINER

Electronic Filing Menu

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Help

H10000111307 3

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:

			· · · · · · · · · · · · · · · · · · ·			
1.	CH Re	egion 5 Holdir	ngs, LLC ted Liability Company," "L.L.C.," 'AF'	. 6		
(Name of For	eign Limited Liability Company	; must include "Limi	ited Liability Company,""L.L.C.," or "	LLC.		
			`	然ろう		
(If name unavailable,	, enter alternate name adopted fo	r the purpose of tran	sacting business in Florida and attach a	oopy of the write		
Conspany," "L.L.C,"	ers or managing members adopt "LLC.")	ing the alternate nan	ne. The alternate name must include "L	Miled Liability		
	-			1000 H		
2. (Jurisdiction under	the law of which foreign limits	аныны 3. —	20-5912309 (FEI number, if applicable)	-6-6		
company is organiz	zed)	u nability	(PEt Hamber, it applicable)	智术		
4	11/14/06	•	DECEMBER 31, 2036	T		
(Da	11/14/06 te of Organization)		DECEMBER 31, 2036 (Duration: Year limited liability company will cease to			
	•	exist	or "perpetual")			
6. UPON QUAL	IFICATION					
	(Date first transacted bus (See sections 608,501 & 60	iness in Florida, if pr	rior to registration.)			
0000 0100 4		00.042 1 .5. 10 201011)	sine penanty macrity)			
7. 2200 BISCAY	NE BOULEVARD					
MIAMI, FLOF	RIDA 33137					
<u> </u>	(Stree	Address of Princip	al Office)			
			·			
8. If limited liabil	ity company is a manager-r	managed compan	y, check here			
O The						
y. The Rame and t	isual dusiness addresses of	the managing me	embers or managers are as follow	'\$;		
CH Property	Holdings, LLC, Manager	, 2200 Biscayne	Blvd., Miaml, FL 33137			
						
	······································					
10. Attached is an origi	mil certificate of existence no non	na than On dawa old du	aly authenticated by the official having cu	etadu efuaranda in		
the jurisdiction under th	re law of which it is organized. (A	nhotocom is not see	combined of the certificate is in a foreign land	SOCOLY OF TOUCHUS III. NOT 1909: 9		
translation of the certific	rate under oath of the translator mu	ist be submitted.)	observed in the contraction of the first f			
		,				
11. Nature of busin	ness or purposes to be cond	lucted or promote	d in Florida:			
	DEAL CO	TATE DEVELO	DIACAIT			
	KEAL ES	TATE DEVELO	THENT	_ ,		
		XIT	Market Market Control of the Control			
	Signature of a member	or an authorized	representative of a member.			
,	(In accordance with section 608	J.408(3), F.S., the exec	ution of this document constitutes	•		
	an affirmation under the penalt.	ies of perjury that the !	acts stated herein are true.)			

SHARON CHRISTENBURY, AUTHORIZED REPRESENTAL
Typed or printed name of signee

H10000111307 3

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: CH REGION 5 HOLDINGS, LLC If unavailable, the 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: NRAI SERVICES, INC. (Name) 2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE) WESTON. City/State/Zip Having been named as registered agent and to accept service of process for the above stated limited ltability 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.

\$ 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 "CH REGION 5 HOLDINGS, 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 SIXTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH REGION 5 HOLDINGS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

10 MAY -6 AM II: 13
SECRETARY OF STATE
PALLAHASSEE, FLORIDA

4251502 8300

100472112



AUTHENTICATION: 7977334

DATE: 05-06-10