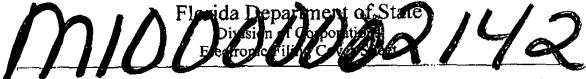
Division of Corporations

Page 1 of 1



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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : IZ0080000104

Phone Fax Number : (302)674-4089 ; (302)674-5266

**Enter the email address for this business entity to be used for future

mail Address: sserna@crescentheights.com	- mina	T tabour	marrinds.	FUCAL	OUTA	Otte	emair	address	breaze
mail Address: szernsücrescentheights.com	•								
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Foreign Limited Liability Company CH MANAGEMENT SERVICES, LLC

Certificate of Status	0
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EXAMINER

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Corporate Filing Menu

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March 29, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NRAI SERVICES, LLC

SUBJECT: CH MANAGEMENT SERVICES, LLC

REF: W10000015241

10 MAY H AH 8: 57

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please P.O BOX 6327 - Tallahassee, Flonda 32314

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Fax Server



call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FLORIDA DEPARTMENT OF STATE
DIVISION OF CONTROL OF CONTR

TO MAY IT AH 8: 58

H10000068761 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FILORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CH MANAGEMENT SERVICES, LLC (Name of Foreign Limited Liability Company; must metate "Limited Liability Company," "L.L.C.," or "LLC.") CRESCENT HEIGHTS MANAGEMENT SERVICES, 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 mame. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") DELAWARE 2. (Juriadletion under the law of which foreign limited liability (FEI number, (l' applicable) company is organized) JULY 13, 2007 **DECEMBER 31, 2037** (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 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. 2200 BISCAYNE BOULEVARD, MIAMI, FL. 33137 (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: CH SERVICE CO. HOLDINGS, LLC 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official fraving 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ____ CONTRACTING FOR SERVICES Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), P.S., the execution of this document constitutes an affirmation under the possities of perjury that the facts stated herein are true.)

Sharon Christenbury, Authorized Representative
Typed or printed name of signee

H10000068761 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.

	CH MANAGEMENT SERVICES, LLC			
If unavailable, i	the alternate to be used in the state of Florida is:			
	RESCENT HEIGHTS MANAGEMENT SERVICES, LLC			
2. The name ar	d the Florida street address of the registered agent and office are:			
	NRAI SERVICES, INC.	Fig.	_	
	(Name)		IO MAY	أعاضا
	2731 Executive Park Drive, Suite 4	原常 ASS	<u> </u>	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	. E. F. GF	\Rightarrow	17
	WESTON, FLORIDA 93331	<u> </u>	ည ထိ 	
	City/State/Zip	TAIR ORIGA	20	

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)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing		
Members of CH MANAGEMENT SERVICES, LLC (Name of Limited Liability Company)	~)	
, , , , ,		
a limited liability company duly organized and existing under the laws of		
DELAWARE .		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the		
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the	:	
following name to transact business in the state of Florida:		
CRESCENT HEIGHTS MANAGEMENT SERVICES, LLC (Name to be used by limited liability company, I.L.C., or LLC.)	 .	
Date: May 7, 2010		
Signature(s) of Manager(s) and/or Managing Member(s):		
CH SERVICE CO HOLDINGS, LLC		
Self	. =	
Sharon Christenbury	. A	
Vice President	Y A	
<u> </u>	AH	11
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CH MANAGEMENT SERVICES, 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-SIXTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH MANAGEMENT SERVICES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JULY, A.D. 2007.

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

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AUTHENTICATION: 7894841

DATE: 03-26-10