

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.

(((H100001401153)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091

Fax Number : (770)220-1943

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

Email Address:

Foreign Limited Liability Company TRT NOIP SW 80 - Plantation LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

D. BRUCE

JUN-18 2010

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June 17, 2010

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: TRT NOIP SW 80 - PLANTATION LLC

REF: W10000028947

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H10000140115 Letter Number: 410A00014925

COVER LETTER

SUBJECT:			
	(Name of	f Limited Liability Company)	
Florida," Ce		d Liability Company for Authorization to are submitted to register the above referend ida	
Please return	n all correspondence concerning t	this matter to the following:	
·	Owen T. Niland		
		(Name of Person)	
	c/o TRT NOIP SW 80 - Plantati	on LLC	
		(Firm/Company)	
	518 17th Street, Suite 1700		
		(Address)	10 J
	Denver, CO 80202		
	(Ci	ty/State and Zip Code)	
For further in	nformation concerning this matte	r, please call:	# S.F. # 10
Ower	T. Niland	at (303) 226-9893	2
	(Name of Person)	(Area Code & Daytime Telepho	one Number)
MAI	LING ADDRESS:	STREET ADDRESS:	
	ion of Corporations	Division of Corporations	
	Box 6327	Clifton Building	
Tatla	hassec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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

IN COMPILANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	TRT NOIP SW 80 - Plantation LLC
	(Name of Forcign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.LC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ascent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability repany," "L.L.C.," "LLC.")
~ '	Delaware 3
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4.	06/02/2010 5 Perpetual
	(Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual")
6.	
	(Dato first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	518 17th Street, Suite 1700, Denver, CO 80202
	(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:
	TRT NOIP Fixed Real Estate Holdco LLC
	618 17th Street, Suite 1700, Denver, CO 80202
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
be j	urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
THE S	station of the certificate under oath of the translator must be submitted.)
ı.	Nature of business or purposes to be conducted or promoted in Florida:
1	To own and operate Real Estate
	Over 1
	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 penalties of perjury that the facts stated herein are true.)
	Joshua J. Widoff, SVP & General Counsel of its sole member

Typed or printed name of signec

1. The name of the Limited Liability Company is:

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.

TRT NOIP SV	V 80 - Plantation LLC				
If name unav	ailable, the alternate name to	be used in the state of Florida is:			
2. The name	and the Florida street address	s of the registered agent and office are:	SECKE SACES	10 JU	
	NRAI Services, Inc.		泛 图		***
	is all and the same of an extension of the same of the	(Name)	- E	7	
	2731 Executive Park Drive,	Sulte 4	S Fee	AM 9:	C
	Florida Street Ad	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)		N	
,			>	_	
	Weston	FI_ 33331			
•		City/State/Zip	-		
liability compo agent and agre relating to the	any at the place designated in ee to act in this capacity. I fur proper and complete perform my position as registered agei	l to accept service of process for the above st this certificate, I hereby accept the appointn ther agree to comply with the provisions of a sance of my duties, and I am familiar with an nt as provided for in Chapter 608, Florida St	nent as re; all statute ad accept t	gistere s	≀d

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRT NOIP SW SC - PLANTATION 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 BIGHTH DAY OF JUNE, A.D. 2010.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRT NOIP SW 80 - PLANTATION LLC" WAS FORMED ON THE SECOND DAY OF JUNE, A.D. 2010.

4831413 8300 100637198



AUTHENTECATION: 8040289

DATE: 06-08-10