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C. LEWIS

JUL 1 2010

Electronic Filing Menu Corporate Filing Menu

He EXAMINER

COVER LETTER

SUBJECT: 3536 Prairie Fox Lane LLC	
(Name of Lin	nited Liability Company)
The enclosed "Application by Foreign Limited L. Florida," Certificate of Existence, and check are stiability company to transact business in Florida	submitted to register the above referenced foreign limited
Please return all correspondence concerning this	(Name of Limited Liability Company) Application by Foreign Limited Liability Company for Authorization to Transact Business in icate of Existence, and check are submitted to register the above referenced foreign limited by to transact business in Florida. I correspondence concerning this matter to the following: (Name of Person) Centerline (Firm/Company) (Address) New York, NY 10022 (City/State and Zip Code) Immation concerning this matter, please call: (Name of Person) (Area Code & Daytime Telephone Number) NG ADDRESS: of Corporations x 6327 Clifton Building see, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
(N	ame of Person)
Centerline	
(F	irm/Company)
625 Madison Avenue, 5th F	loor
	(Address)
New York, NY 10022	
(City/S	State and Zip Code)
For further information concerning this matter, pl	ease call:
	at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	*
P.O. Box 6327	
Talianassee, FL 32314	
Enclosed is a check for the following amount: []\$125.00 Filing Fee	

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

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

ŀ.	3536 Prairie Fox Lane LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
¢o	If name unavailable, enter elternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtename of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability company," "L.L.C.," "LLC.")	len
2	DELAWARE 3 PENDING	
~ .	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	06/21/2010 _{5,} PERPETUAL	
• •	(Date of Organization) (Duration: Year limited liability company will sease to exist or "perpetual")	
6.	, N/A	
٠,	(Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	625 Madison Avenue, 5th Floor	
	New York, NY 10022	
	(Street Address of Principal Office)	ي ر
8.	. If limited liability company is a manager-managed company, check here	1 1 1 1 1 1 2 2 5
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Centerline Guaranteed Manager LLC	(A)
	625 Madison Avenue, 5th Floor, New York, NY 10022	
tha	O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records rejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a analytical of the certificate under oath of the translator must be submitted.)	in
1 1	1. Nature of business or purposes to be conducted or promoted in Florida:	
	Real estate investment	
	In the	
	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 penalties of perfury that the facts stated herein are true.)	
	Typed or printed name of signee	
	I ADEC OF DUTIES HEIDS OF 2000 ICC	

PL057 - 05/29/2007 C T System Online

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 t	he Limited Liability Compa	ıny is:		
3536 Prairie	e Fox Lane LLC			
If name unavailal	ble, the alternate name to be	used in the state	of Florida is:	
2. The name and	the Florida street address o	if the registered a	gent and office are:	ZOIO JUN 30 SECRETAR TALLAHASS
	C T Cor	poration Sy	stem	聖皇
-		(Name)		ARY SSS
-	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)			OF STAT
-	Plantation	FL City/State/Zip	33324	, A G
liability company agent and agree t relating to the pro	red as registered agent and to at the place designated in the to act in this capacity. I furth oper and complete performan position as registered agent I Corporation System (Striphure)	is certificate, I her ter agree to compl nce of my duties, a	reby accept the appoint by with the provisions of and I am familiar with a Chapter 608, Florida S ia Btary	nent as registered all statutes nd accept the
	\$ 100.00 \$ 25.00 \$ 30.00		Registered Agent	
	# 5 0.0 0	Continue copy	· •	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3536 PRAIRIE FOX LANE 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-NINTH DAY OF JUNE, A.D. 2010.

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

4838845 8300

You may verify this certificate online at corp.delaware.gov/suthver.shtml

AUTHENTICATION: 8086340

DATE: 06-29-10