Florida Department of State

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Foreign Limited Liability Company CM Doral CH Development LLC

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A. LUNT

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EXAMINER

COVER LETTER

| JECT: | CN | A Doral CH Development LLC | | |
|---------------------------------------|--------------------|--|------------|--------------|
| | | Name of Limited Liability Company | • | |
| | | Liability Company for Authorization to Transact Business in the above referenced foreign limited liability company to trans | | |
| e return all correspondence | e concerning this | s matter to the following: | • | |
| | | Gail Dumomay | • | |
| | | Name of Person | , | |
| • | _ | Stroock & Stroock & Levan LLP | | |
| - | | Firm/Company | | |
| | | 2300 S Biscayne Blv | | 281 |
| · | | Address | | 9 AUG |
| K . | | Miami, FL 33131 | | <u>-</u> |
| - | | City/State and Zip Code | ा क | <u> </u> |
| | | gdumomay@strock.com | y- *- e /- | (8) ¥ |
| | E-mail addres | s: (to be used for future annual report notification) | | ယ |
| urther information concern | ing this matter, p | olease call: | · 2- ' ' | 8 |
| Gai | I Dumornay | | | |
| Nam | e of Person | Area Code & Daytime Telephone Number | | |
| MAILING ADDRES | | STREET ADDRESS: | | |
| Division of Corporatio | ns | Division of Corporations | | |
| Registration Section P.O. Box 6327 | | Registration Section Clifton Building | | |
| Taliahassee, FL 32314 | | 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| | | eount: | | |

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CM DORAL CH DEVELOPMENT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") DELAWARE 2. (Jurisdiction under the law of which foreign limited liability company is organized) AUGUST 10, 2010 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Plorida, if prior to registration.)
(See sections 608,501 & 608,502 P.S. to determine penalty liability) 7. C/O CODINA PARTNERS, 135 SAN LORENZO AVENUE, SUITE 750, CORAL GABLES, FL 33146 ATTENTION: K. LAWRENCE GRAGG (Street Address of Principal Office) Ċ 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: 10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having 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: _ TO OWN, DEVELOP, IMPROVE, LEASE, MANAGE AND DISPOSE OF REAL PROPERTY Signature of a member or an authorized representative of a member.
(In accordance with action 608.408(b. Feb., die execution of this document constitutes an affirmation under the penaltics of penjury that the facts stated herein are true.)

MANUEL A. FERNANDEZ

Typed or printed name of signee

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.

| <u>-</u> | CM DORAL CH DEVELOPMENT LLC | |
|---|---|--|
| If unavailable, the | alternate to be used in the state of Florida is: | |
| 2. The name and t | he Florida street address of the registered agent and office are | SECRETARIAS |
| | C T Corporation System | 53 G |
| | (Name) | |
| | 1200 South Pine Island Road | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | TM - Analis DRADA | |
| | Plantation FL 33324 | |
| | City/State/Zip | |
| iability company at agent and agree to c elating to the prope obligations of my po | | ointment as registere is of all statutes th and accept the |
| iability company at agent and agree to delating to the properties of my po | City/State/Zip I as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appears in this capacity. I further agree to comply with the provision er and complete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, Flori contains System Madonna Cuddiny | ointment as registere is of all statutes th and accept the da Statutes. |
| iability company at agent and agree to c elating to the prope obligations of my po | City/State/Zip I as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appears in this capacity. I further agree to comply with the provision er and complete performance of my duties, and I am familiar with the provision as registered agent as provided for in Chapter 608, Floridation System. | ointment as registere is of all statutes th and accept the da Statutes. |
| tiability company at agent and agree to delating to the proper obligations of my po | City/State/Zip I as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appears in this capacity. I further agree to comply with the provision er and complete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, Flori contion System Madonna Cuddiny Special Assistant Secreta \$ 100:00 Filling Fee for Application | ointment as registere is of all statutes th and accept the da Statutes. |
| iability company at agent and agree to delating to the properties of my po | City/State/Zip I as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appears in this capacity. I further agree to comply with the provision er and complete performance of my duties, and I am familiar with a position as registered agent as provided for in Chapter 608, Flori pration System Madonna Cuddihy Special Assistant Secreta | ointment as registere is of all statutes th and accept the da Statutes. |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CM DORAL CH DEVELOPMENT 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 TENTH DAY OF AUGUST, A.D. 2010.

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

4857240 8300

100817647

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

Jelfrey W. Bullock, Secretary of State

DATE: 08-10-10