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TARY OF STATI

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Foreign Limited Liability Company Fog Cap Retail Investors LLC

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COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	FOG CAP RETAIL INVES	STORS LLC	
	(Name	of Limited Liability Company)	-
Florida," Cer		ted Liability Company for Authorization to T k are submitted to register the above reference orida	
Please return	all correspondence concerning	this matter to the following:	
	Michael Polidoro, Esq.		
		(Name of Person)	
	FORTRESS INVESTMENT G	ROUP LLC	
(Firm/Company)			
	1345 Avenue of the Americas,	46th FL	10 SECT
		(Address)	CT 26 RETARY AHASSE
	New York, NY 10105	,	
		City/State and Zip Code)	77.7 至 5
For further in	formation concerning this mat	ter, please call:	8: 56 TATE ORIBA
Micha	el Polidoro	at (212) 798-6100	
	(Name of Person)	(Area Code & Daytime Telephon	e Number)
MAII	LING ADDRESS:	STREET ADDRESS:	
Divisi	on of Corporations	Division of Corporations	
	Box 6327	Clifton Building	
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a	check for the following amour 5.00 Filing Fee \$\int_\$130.00 Filing Certif	Fee & 🔲 \$155.00 Filing Fee & 🔀 \$160.00 Fili	ing Fee, Certificate Status & Certified Copy

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:

اسه	FOG CAP RETAIL INVESTORS LLC	
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
COL	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the vasent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilismpany," "L.L.C.," "LLC.")	written ity
2	Oregon 3.	
7	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	August 20, 2002 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	upon qualification	
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	
7.	1345 Avenue of the Americas, 46th FL, New York, NY 10105	
	(Street Address of Principal Office)	5
8.		<u> </u>
9.	The name and usual business addresses of the managing members or managers are as follows:	26 26
	SBN FCCG LLC - 1345 Avenue of the Americas, 46th FL, New York, NY 10105	
	92 22	ထု
		56
	Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of rec	ords in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a estation of the certificate under cath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida;	
	Real Estate Investment	
		•
	Signature of a member of an authorized representative of a member.	
	(In accordance with section 608:403(3), F.S., the execution of this document constitutes an affirmation under the penalties of gerjury that the facts stated herein are true.)	•
	Marc K. Furstein, Authorized Representative	
	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.

	the Limited Liability Com	pany is:		
-	ible, the alternate name to	be used in the state of	of Florida is:	
2. The name and	d the Florida street address	of the registered ag	ent and office are:	
	C:	T Corporation System		
,		(Nume)		
	1200) South Pine Island Road		I AF
•	Florida Street Ad	ldress (P.O. Box <u>NOT</u> A	CCEPTABLE)	- C
	Plantation	FL_	33324	OCT 26 OCT 26 NET/ARY AHASSE
		City/State/Zip		FEE, FI
liability company agent and agree t relating to the pro obligations of my	ned as registered agent and at the place designated in to act in this capacity. I fur oper and complete perform position as registered ager CT Composition System	this certificate, I here ther agree to comply ance of my duties, an	by accept the appoint with the provisions of d I am familiar with a	stated limited ment as registereting f all statutes and accept the
	Historical Secretary	Filing Fee for Ap	villestion	
	\$ 25.00	Designation of R	egistered Agent	
	\$ 30.00	Certified Copy (a	ptional)	

\$ 5.00 Certificate of Status (optional)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I. KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

FOG CAP RETAIL INVESTORS LLC

was

organized

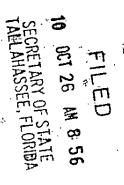
under the Oregon

Limited Liability Company Act

on

August 20, 2002

and is active on the records of the Corporation Division as of the date of this certificate.





In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

By Don + 1

Debra L. Virag October 21, 2010

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