Division of Corporations Electronic Filing Cover Sheet

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Tor

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089

: (302)674-5266

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

sserna@crescentheights.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CH 10000 SANTA MONICA HOLDINGS II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

<u>firsi</u>	<u> </u>	The name of the limited liability company is: CH 10000 SANTA MONICA HOL	DINGS II, LLC	_		
SECO	ND:	The articles of organization or the application to	o transact business	_		
(CH	ECK T	HE APPROPRIATE BOX AND COMPLETE TO	IE APPLICABLE STATEMENT	0107		
7	incorre	ns an incorrect statement. The incorrect stateme et, and the corrected statement are as follows: 1: The name of the foreign limited liability co	ompany is CH 10000 SANTA	TOP TOP		
	MONI	CA HOLDINGS II, LLC.	ار الله الله الله الله الله الله الله ال	3		
		ame of the company is incorrect due to a cle	rical error.	<u>.</u> 		
	CORR	RECTED FIRST: The name of the company	is SM 10000 HOLDINGS II, L	LC		
	<u>or</u>					
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
				_		
				_		
Dated:		November 9 , 2010	<u>) </u>			
		Signature of a member or authorized represen	tative of a member			
		Sharon Christenbury, Authorized Re	presentative			
	Typed or printed name of signce					
		Filing Fee: \$25.0 Certified Copy: \$30.00	0 (optional)			
		Certified Copy. 330.00	(obriomi)			

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Delaware

PACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CH 10000 SANTA MONICA
HOLDINGS II, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO "SM 10000 HOLDINGS II, LLC", THE TENTH DAY OF
NOVEMBER, A.D. 2010, AT 2:16 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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

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101076452

You may verify this cortificate online at corp. delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 11-10-10

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November 8, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CH 10000 SANTA MONICA ROLDINGS II, LLC 2200 BISCAYNE BOULEVARD MIANI, FL 33137

Qualification documents for CH 10000 SANTA MONICA HOLDINGS II, LLC were filed on November 5, 2010, and assigned document number M10000004905. Please refer to this number whenever corresponding with this office.

Your limited liability company is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H10000223114.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective data indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please be aware if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Neysa Culligan
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations Letter Number: 310A00026179

P.O BOX 6327 - Tallahasses, Florida 32314

11/10/2010 16:12 FAX 3026745266

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Department of State

I certify the attached is a true and correct copy of the application by CB 10000 SANTA MONICA HOLDINGS II, LLC, a Delaware limited liability company, authorized to transact business within the state of Florida on November 5, 2010, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number E10000223114. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is M10000004905.

Authentication Code: 310A00026179-110810-M10000004905-1/1



Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Eighth day of November, 2010

Dawn K. Roberts

Secretary of State

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABOURY COMPANY TO TRANSACT RESIDENS IN THE STATE OF STATE OF STATE OF

EMMEDIANE I COMPANY TO HOWARD DOSINESS IN THE STATE OF PLORIDA:
1. CH 10000 Santa Montca Holdings II, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wristen consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")
2. Delaware 3. 27-3562823
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 9/28/10 5. December 31, 2040
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)
7. 2200 Biscayne Boulevard, Mlami, FL 33137
(Streat 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:
Sonny Kahu, 2200 Biscayne Boulevard, Mismi, FL 33137 MCR
Russell Galbur, 2200 Biscayne Boulevard, Miami, FL 33137 MGR
Bruce Menin, 2200 Biscayne Boulevard, Miami, FL 33137 MGR Tomer Biscon, 2200 Biscayne Boulevard, Miami, FL 33137 MGR
10. Attached is an original certificate of existence, no more than 90 days old, duly 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Real estate development
Signature of a member or an authorized representative of a member,
(In occordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts saied herein are true. I am aware that any false information submitted in a document to the Department of State constitutes at third degree follows as provided for in \$.817.155, F.S.) Sharon Christenbury, Authorized Representative
Typed or printed name of signes #10000245147 3
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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 name of the Limited Liability Company is:				
CH 10000 Santa Monica Holdings II, LLC If unavailable, the alternate to be used in the state of Florida is:				
Sharon Christenbury, Esq.				
(Namo)				
2200 Biscayne Boulevard				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Miami FL 33137				
Cjty/S(mtc/Zlp				
laving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes elating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	ilerec			
\$ 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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H10000245147 3 Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERMEY CERTIFY "CH 10000 SANTA MONTCA HOLDINGS II, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND is in good standing and has a lugal extetence so far as the RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2010.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "CH 10000 SANTA MONICA HOLDINGS II, LLC* WAS FORMED ON THE TRENTY-MIGHTS DAY OF SEPTEMBER, A.D. 2010.

and I do hereby further carriey that the annual taxes have NOT BUEN ASSESSED TO DATE.

CATTON: 8268387

DATE: 10-05-10

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