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Foreign Limited Liability Company SFI FMC - Sanibel LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

COVER LETTER

Subject:		SFI FMC - Sanibel LLC		
	N	inne of Clmited Liability Company		
The enclosed "Ap Existence, and ch	pplication by Foreign Limited Listock are submitted to register the	sbility Company for Authorization to I shove referenced foreign limited liabil	Fransact Business to Florida,* Certifility company to transact business in	icate of Florida
Pleasa return all s	correspondence concerning this n	nutter to the following:		
		Geoffrey M. Dugan		
•	,	Name of Person		
		(Stur Pinancia) Inc.		
		l'im/Company		
		One Samome Street, 30th Floor	· · · · · · · · · · · · · · · · · · ·	
		Address		
		Sun Francisco, CA 94104		
		City/State and Zip Code		
-	E-mail address:	gdugen@istarfinancial.com (to be used for future annual report no	tification)	
Por further inform	nation concerning this matter, ple	ense cn! :	and the state of t	
	Geoffrey M. Dugan	at (at (415)	391-4300	
	Name of Person	Area Code & Daytime Telepho	ne Number	
Division Registral P.O. But	NG ADDRESS: of Corporations tion Section c 6327 see, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clinon Building 2661 Executive Center Circle Tallahassee, Pt. 32301		
Enclosed is a c	sheck for the following amo	unt:		
	00 Piling Pee \$130.00 Fill Certificate	ng Pee & S155.00 Filing Fee &		

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2010 NOV -8 AM 7: 41

SECRETARY OF STATES APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATAUS SEE. FLORIDA TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREXCN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SPI FMC - Sanibel LLC (Name of Porsign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (if pame 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 manuging members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Outuber 25, 2010 (Duration; Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. n/a (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 c/o iStar Pinancial Ica., 1114 Avenue of the Americas, 39th Floor, New York, NY 10036 (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: iStar Financial Inc., 1114 Avenue of the Americas, 39th Floor, New York, NY 10036 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 toreign 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: Koal Estate Investments and Finance Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.B., the execution of this document constitutes an affirmation under the panelties of periory that the facts stated herein are true.) Geoffrey M. Dugan, authorized person

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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"SECHETARY ON STATE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	SFI FI	MC - Sanibel LLC	· · · · · · · · · · · · · · · · · · ·	
If unavailable, the alterna	ate to be used in the	state of Florida is:		
2. The name and the Plo	rida street address o	of the registered agent and offic	e aro:	
	CT			
	(Name)			
	1200 S	•		
•	Florida Strout Addr	USE (P.O. BOX NOT ACCEPTABLE)	- 	
	Plantation	FL 33324		
		City/State/Zip		

relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

anet Durking (Signature) ____Janet Gerkin Special Asst. Secretary

> 5 100.00 Piling Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SFI FMC - SANIBEL 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 EIGHTH DAY OF NOVEMBER, A.D. 2010.

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

DATE: 11-08-10

AUTHENTICATION: 8336270

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