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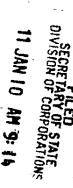
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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COVER LETTER

TO:	Registration Section Division of Corpora			**************************************		
SUBJI	ECT: FR Tow	er Shops, LL	.c			
		Name of Limited Liability Company				
				tion to Transact Business in Florida," C ed liability company to transact busines		
Please	return all corresponde	nce concerning this m	natter to the following:			
	Chery	/I Sudney				
			Name of Person			
	Come	rica Bank	·			
•			Firm/Company			
	500 W	oodward, 33rd/	floor, MC 3391			
			Address			
	Detroit	, Michigan 4822	26	·		
			City/State and Zip Code			
	CCSu	dney@comeri	ica.com			
		E-mail address:	(to be used for future annual re	eport notification)		
For fur	ther information conc	erning this matter, ple	ase call:			
	Cheryl Sud	ney	_{at (} 313	222-3778		
	N	ame of Person	Area Code & Daytime	Celephone Number		
	MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	ations 1	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle		
Enclo	sed is a check for the state of	the following amo \$130.00 Filing F Certificate of St	ee & \$\int\\$155.00 Filing Fee	& \$160.00 Filing Fee, Certificate of 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 LIBITLY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FR Tower Shops, 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 writte 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 (Jurisdiction under the law of which foreign limited liability company is organized) None applicable (FBI number, if applicable)
4. January 4, 2011 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification in Florida (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1626 East Jefferson Street Rockville, Maryland 20852-4041
7. 1626 East Jefferson Street
Rockville, Maryland 20852-4041
(Sirect Address of Principal Office)
(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:
SCFS Reverse Exchange, LLC - managing member
500 Woodward, MC 339/
Detroit, Michigan 48226
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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
real estate management
DM3
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
James M. Gudenau
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.

1. The name o	of the Limited Liability Company is:	
FR Tower	r Shops, LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name as	nd the Florida street address of the registered agent and office are:	
	CT Corporation System	
	(Name)	
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	·
	· —— ,	
•	Plantation FL 33324 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes 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.

Assistant Secretary
Aghley Pipes

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

. \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FR TOWER SHOPS, 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 SEVENTH DAY OF JANUARY, A.D. 2011.

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

4923595 8300

110022116

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 8479135

DATE: 01-07-11

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