Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000085447 3)))



H110000854473ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1093

Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

APR -1 AH & 45

RETARY OF STATE
AHASSEE, FLORIDA

Section of the sectio

### Foreign Limited Liability Company Silver Springs Property TT, LLC

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

T. CLINE

APR - 4 2011

**EXAMINER** 

TI APR - I AN 10: 35
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Silver Springs Property	TT. LLC	
		Name of Limited Liability Company	
The en- Exister	closed "Application by Foreign ace, and check are submitted to	n Limited Liability Company for Authorization to Transact Business in Florida," Certific register the above referenced foreign limited liability company to transact business in F	ate of forida
Please	return all correspondence conc	cerning this matter to the following:	
	Nicole Barillaro		
		Name of Person	
	The Family Office		
		Firm/Company	
SUBJECT: The enclosed Existence, ar Please return  Mico MA Divi Reg P.O Tall	555 5th Ave. 6th Fi		
		Address	
	New York, NY 1001	17	
		City/State and Zip Code	70 -
	n.barillaro@tfoco.co	m AX m	<b>D</b>
	E-n	nail address: (to be used for future annual report notification)	رسوس میسوس.
For fur	ther information concerning th	is matter, please call:	EMENT -
	Nicole Barillaro	is matter, please call:    Signature annual report notification   Signature annual report notifi	attivities.
	Name of Po	erson Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations Registration Section	•
	Registration Section P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclos		owing amount: 60.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy	

nes , mark9010 // This was contain

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA

LIVET ELI LIABILITI COMPANTI O I KANSACT BUSINE	22 IN THE STATE OF PLORIDA:
1. Silver Springs Property TT, LLC  (Name of Foreign Limited Liability Company:	must include "Limited Liability Company," "L.L.C.," or "LLC.")
, , , , , , , , , , , , , , , , , , , ,	
	the purpose of transacting business in Florida and attach a copy of the written ng the alternate name. The alternate name must include "Limited Liability
2. DE Ourisdiction under the law of which foreign limited	3. 45-0675960
company is organized)	liability (FEI number, If applicable)
4. March 15, 2011	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted busi (See sections 608,501 & 60	ness in Florida, if prior to registration.) 8.502 F.S. to determine penalty liability)
7. 82 Ccdar Lake Rd	
Chester, CT 06412	
(Stree	t Address of Principal Office)
8. If limited liability company is a manager-	
O The case and court business addresses of	D
9. The name and usual business addresses of	the managing members or managers are as followers 1
TFO Silver Springs Holding, LLC	GoldOffer Stiver Springs, LLC
82 Cedar Lake Rd	8 Penn Center, 1628 JFK Blvd
Chester, CT 06412	Philadelphia, PA 19103
10. Attached is an original certificate of existence, no mor	re 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 m	ust be submitted.)
11. Nature of business or purposes to be cond	lucted or promoted in Florida: Investment
Joseph Control	· Hellin
Signature of a member	or an authorized epresentative of a member.
(in accordance with section 608 4081), F.	S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated he document to the Denartment of State	erein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155, F.S.)
Jon P. Hedley, Autho	rized Signatory, TFO Silver Springs Holding, LLC
Typed o	r 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 nam	e of the Limited Liabili	ility Company is:	
Silver Springe	s Property TT, LLC		
lf unavailab	le, the alternate to be us	used in the state of Florida is:	
2. The name	e and the Florida street	et address of the registered agent and office are:	
	C T Corporation System	tem	
		(Name)	
	1200 South Pine Island	nd Road	
	Florida S	a Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
	<u></u>	City/State/Zip SECR	30.
liability compagent and ag	pany at the place design gree to act in this capaci he proper and complete t	agent and to accept service of process for the above stated linited gnated in this certificate, I hereby accept the appointment as registered city. I further agree to comply with the provisions of all statutes e performance of my duties, and I am familiar with and accept the tered agent as provided for in Chapter 608, Florida Statutes	
	By:	her Morely	
		(Signature)	
		\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	
		\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	
	5	\$ 5.00 Certificate of Status (optional)	

# Delaware

PACT

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVER SPRINGS PROPERTY TT, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2011.

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

2011 APR -1 AM & 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4954220 8300

110365781

AUTHENTY CATION: 8663219

DATE: 03-31-11

You may verify this certificate online