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To:

Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : PCA000000023

Phone

: (850)222-1092

Fax Number

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

Foreign Limited Liability Company Florida Orlando Carlyle LLC

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T. CLINE

APR 1 1 2011

EXAMINER

COVER LETTER

BJECT:		lorida Orlando Carlyle LLC			
		Name of Limited Liability C	ompany	•	
enclosed "Application b	y Foreign Limited i	Liability Company for Autho	rization to Transac	t Business in Flor	rida," Certificate o
stence, and obeck are sub	mitted to register th	e above referenced foreign l	imited liability con	upany to transact	business in Florida
ise return all corresponde	xice concerning this	matter to the following:		•	
		Stephanie Briggs			
		Name of Person			
		Aspen Square Managemen	it, Inc.		
<u> </u>		Firm/Company		· · · · · · · · · · · · · · · · · · ·	_
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		· - 			FR -8 ETARY HASSET
		West Springfield, MA 01	089		
		City/State and Zip Cod	le		
	•	ntophanic_briggs@aspensqua	ra.com		F STATE FLORIDA
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MAILING ADDRE	SS:	STREET ADDRESS:			
Division of Corporat	ions	Division of Corporation	ı s		
Registration Section		Registration Section			
P.O. Box 6327 Tallahassee, FL 3231	l &	Clifton Building 2661 Executive Center	Circle		
	, ,	Tailahassee, FL 32301			
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Delaware Delaware Delaware April 6, 2011 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Surect Address of Principal Office) West Springfield, MA 01089 (Street Address of the managing members are as follows: The name and usual business addresses of the managing members or managers are as follows: Nepsa Manager LLC Delaware 3. 45-1501890 (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (Duration: Year limited liability company will cease to exist or "perpetual") (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Sincet Address of Principal Office) The name and usual business addresses of the managing members or managers are as follows: Nepsa Manager LLC		Florida O	rlando	Carlyle LLC	
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Sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Inpany," "L.L.C." Delaware Delaware 3. 45-1501890 (FEI number, if applicable) April 6, 2011 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) West Springfield, MA 01089 (Street Address of Principal Office) West imited liability company is a manager-managed company, check here	iame un	evailable anter alternate name advanted for the		of transacting business in Donids and attach a se-	
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Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	nisdictio			ed)	
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FL057 - 05/06/2009 C 'T Eyeum Ouths

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.

	Florida Oriando Carlyle LLC	
f unavailable, the alt	ernate to be used in the state of Florida is:	
2. The name and the	Florida street address of the registered agen	t and office are:
	C T Corporation System	7AL SE
	(Name)	2011 MPR -8 SECRETAR: TALLAHASS
	1200 Sputh Pine Island Road	R -
	Plorida Street Address (P.O. Box NOT ACC	EPTABLE)
•	Plantation Ft. 33324	FFLOR ST
	City/Stato/Zip	
ability company at the gent and agree to act elating to the proper bligations of my post	registered agent and to accept service of pro e place designated in this certificate, I hereby in this capacity. I further agree to comply wi and complete performance of my duties, and I tion as registered agent as provided for in Cha on Systop	rcess for the above stated limited accept the appointment as registered ith the provisions of all statutes I am familiar with and accept the

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

EXHIBIT A

<u>Purposes</u>. The Company is organized for the purpose of transacting the following business and carrying on the following activities: (i) acquiring, developing, constructing, improving, financing, mortgaging, holding, owning, operating, leasing and selling, exchanging or otherwise disposing of property, and (ii) engaging in any other lawful activities in which limited liability companies are permitted to engage and exercising any and all powers and rights conferred upon or permitted to be engaged in or exercised by limited liability companies organized under the laws of the State of Delaware and the State of Florida.

2011 PPR -8 M & 36

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA ORLANDO CARLYLE 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 APRIL, A.D. 2011.

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

8300 4964734

110394246

Jettrey W. Bullock, Secretary of State
TION: 8680563

DATE: 04-08-11

You may verify this cartificate online at corp.dalaware.gov/authver.shtml