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Foreign Limited Liability Company CRP/UH COLLINS, L.L.C.

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Page Count	05
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G. MCLEOD

APR 26 2011

EXAMINER

4/25/2011

COVER LETTER

SUBTECT:		Name of Limited Liability Company
	ma 12 1 m 1 1 1 1 1 1	•
		Liability Company for Authorization to Transact Business in Florida," Certific the above referenced foreign limited liability company to transact business in F
Please return :	all correspondence concerning th	is matter to the following:
	Stacy M. Rosenthal	
		Name of Person
	The Carlyle Group	·
٠.	·	Firm/Company
	1001 Pennsylvania Ave NW	
		Address
	Washington DC 20004	
		City/State and Zip Code
	stacy.rosentbal@carlyle.com	
	E-mail addre	ess: (to be used for future annual report notification)
For further in	formation concerning this matter,	, pleaso call:
Stacy	y M. Rosenthul	
<u>-</u>	Name of Person	Area Cade & Daytime Telephone Number
MA	ILING ADDRESS:	STREET ADDRESS:
Division of Corporations		Division of Corporations
Registration Section		Registration Section
P.O. Box 6327		Clifton Building
Talle	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following a	emount:
<u> </u>	5.00 Filing Fee S130,00 Fili Certificate of	ing Fee & \$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 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 CRP/UH Collins, L.L.C. (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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L,L,C," "LLC,") 2. Dolaware 3, 45-1868052 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 04/07/2011 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon qualification (Date first transacted business in Fforda, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 1001 Pennsylvania Ave NW, Washington DC 20004 (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: CRP/UH Deco Portfolio, L.L.C. c/o The Carlyle Group, 1001 Pennsylvania Ave NW, Waxbington DC 20004 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 investment

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 borein are true, I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Stacy M. Rosenthal

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.

[#	this the electronic to be used in the many CTM 12.
II Unavana	able, the alternate to be used in the state of Florida is:
2. The nai	me and the Florida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation FI 33324
	City/State/Zip
liability co agent and i relating to	en named as registered agent and to accept service of process for the above stated limited impany at the place designated in this certificate, I hereby accept the appointment as registagree to act in this capacity. I further agree to comply with the provisions of all statutes the proper and complete performance of my duties, and I am familiar with and accept the sof my position as registered agent as provided for in Chapter 608, Florida Statutes. C T Compression Symbol. By:
	(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 THAT "CRP/UH COLLINS, L.L.C." 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 REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTH DAY OF APRIL,
A.D. 2011, AT 5:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "CRP/UH COLLINS, L.L.C.".

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

4965894 8310

110447811

AUTHENTICÄTION: 8713421 DATE: 04-25-11

verify this certificate online