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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE: 762047 7363140 AUTHORIZATION COST LIMIT ORDER DATE: May 2, 2011 ORDER TIME : 11:46 AM ORDER NO. : 762047-005 CUSTOMER NO: 7363140 FOREIGN FILINGS NAME: ROCKWOOD-CWFS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	
1 Rockwood-CWFS LLC	,
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the writte nate name. The alternate name must include "Limited Liability
	45-0669177
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Flor (See sections 608,501 & 608,502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 63 Kendrick Street	
Needham, MA 02494	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here 🗵
9. The name and usual business addresses of the manag	ging members or managers are as follows:
See attached	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a ted.)
11. Nature of business or purposes to be conducted or p	romoted in Florida: See attached
Signature of a member or an author	orized representative of a member.
(In accordance with section 608.408(3), P.S., the execution	•
penalties of perjury that the facts stated herein are true.	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
Iill R. Hyde. Authorized Represen	- · · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee

#### #9. The name and usual business addresses of the managing members or managers are as follows:

- Michael D. Berman
   Kendrick Street, Needham, MA 02494
- Charles Spetka
   1540 Broadway, 23<sup>rd</sup> Floor, New York, NY 10036
- David lannarone
   7501 Wisconsin Avenue, Suite 500 West, Bethesda, MD 20814
- Gordon Smith
   1345 Avenue of the Americas, 46<sup>th</sup> Floor, New York, NY 10105
- Jonathan Ashley
   1345 Avenue of the Americas, 46<sup>th</sup> Floor, New York, NY 10105
- Constantine Dakolias
   1345 Avenue of the Americas, 46<sup>th</sup> Floor, New York, NY 10105
- Anthony Tufariello
   1345 Avenue of the Americas, 46<sup>th</sup> Floor, New York, NY 10105

#### #11. Nature of business or purposes to be conducted or promoted in Florida:

Investment sales, portfolio sales, loan sales, debt and equity finance, capital raising, real estate related M&A, asset management, debt and equity restructuring, construction advisory services, acquisition support and analysis, pre- and post-petition support, and partnership/joint venture restructuring.

### 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.

The name of the Limited Liability Company is:  Rockwood-CWFS LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and	d the Florida street addre	ess of the registered agent and office are:		
9	Corporation Service Con	npany (Name)		
		(ivaine)		
1	1201 Hays Street			
•	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	FL 32301		
		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.

Corporation Service Company 7

Corporation Service Company

Troy Todd
as its agent

(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

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROCKWOOD-CWFS 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 SECOND DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCKWOOD-CWFS LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4907834 8300

110478519

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

Jeffrey W. Bullock, Secretary of State ATION: 8730850 AUTHENT

DATE: 05-02-11