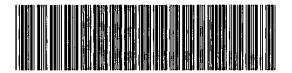
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B. BOSTICK

JUL 1 2 2011

EXAMINER

COVER LETTER

TO:

TO: Registration Section Division of Corporations				
SUBJECT: SF 333, LLC				
	ame of Limited Liability Company			
The enclosed "Application by Foreign Limited Lia Existence, and check are submitted to register the	bility Company for Authorization to Transact Business in Florida above referenced foreign limited liability company to transact bus	," Certificate of iness in Florida		
Please return all correspondence concerning this m	natter to the following:	•		
BARRY NELSON				
	Name of Person			
NELSON & NELSON, PA	\			
	Firm/Company			
2775 SUNNY ISLES BI	_VD # 118			
	Address			
NORTH MIAMI BEACH, FL 33160				
City/State and Zip Code				
harn/@estatetaylaw/	are com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, plea	□1→:			
	المارين المارين			
Barry Nelson	a ₁ (305) 932 2000 🕱 🔀			
Name of Person	Area Code & Daytime Telephone Number	2		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amou \$\sqrt{125.00}\$ Filing Fee \$\sqrt{\$130.00}\$ Filing Fe Certificate of State	e & \$155.00 Filing Fee & \$160.00 Filing Fee, Certifica	ite		

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SF 333, LLC		
(Name of Foreign Limited Liability	Company; must include "Limited Liability	Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name consent of the managers or managing mem Company," "L.L.C," "LLC.")	adopted for the purpose of transacting busing the alternate name. The alternate name.	ess in Florida and attach a copy of the written ate name must include "Limited Liability
2. DELAWARE	3. 45-2572693	
(Jurisdiction under the law of which for company is organized)	eign limited liability (FEI i	number, if applicable)
4. JUNE 10, 2011	_{5.} Perpetual	
(Date of Organization)	(Duration: Year li exist or "perpetual	mited liability company will cease to ")
6.		
(Date first tran (See sections 60	sacted business in Florida, if prior to registra 8.501 & 608.502 F.S. to determine penalty I	ation.) iability)
7. Four Seasons Tower, 144	1 Brickell Avenue, 15th Floor,	Miami, FL 331314 =
	(Street Address of Principal Office)	(2) [N
8. If limited liability company is a r	nanager-managed company, check he	ere 🗸 💮 🚆 📆
9. The name and usual business add	tresses of the managing members or r	managers are as follows:
Forrest McSurdy, Manager		
Four Seasons Tower, 144	1 Brickell Avenue, 15th Floor,	Miami, FL 33131
	ganized. (A photocopy is not acceptable. If the	ted by the official having custody of records in e certificate is in a foreign language, a
1. Nature of business or purposes t	o be conducted or promoted in Florid	la:
Investments		
<u> </u>	est b. M. Curdy	
Signature of a	member or an authorized representat	ive 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.)

FORREST McSURDY, Authorized Representative

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 of the Limited Liability Co.	ompany is:	
SF 333, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	77.0
FORREST McSURD	Y (Name)	TI JUL 12
	er, 1441 Brickell Avenue, 15th Flo	EST TO - ATTACASE
	Address (P.O. Box NOT ACCEPTABLE)	II: 12 STATE FLORID
Miami	FL 33131 City/State/Zip	A

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.

Forest h Murdy
(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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "SF 333, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF JUNE, A.D. 2011, AT 1:59 O'CLOCK P.M.

4995211 8100

110711251

DATE: 06-13-11 You may verify this certificate online at corp.deleware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 02:03 PM 06/10/2011 FILED 01:59 PM 06/10/2011 SRV 110711251 - 4995211 FILE

CERTIFICATE OF FORMATION OF SF 333, LLC

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of SF 333, LLC, a Delaware limited liability company (the "LLC"), desiring to comply with the requirements of 6 <u>Del. C.</u> § 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 <u>Del. C.</u> § 18-101, et seq. (the "Act"), hereby certifies as follows:

- 1. Name of the LLC The name of the LLC is SF 333, LLC.
- 2. Registered Office and Registered Agent of the LLC The name of the registered agent for service of process on the LLC in the State of Delaware is Delaware Corporation Organizers, Inc. The address of the registered agent of the LLC and the address of the registered office of the LLC in the State of Delaware is 1201 North Market Street, 18th Floor, P.O. Box 1347 in the city of Wilmington, County of New Castle, Delaware 19801.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provision of 6 <u>Del</u>. <u>C</u>. § 18-201 this 10th day of June, 2011.

By. BARRY A. NELSON, Authorized Person

MIN SECRETARY OF STATE

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SF 333, 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 THIRTEENTH DAY OF JUNE, A.D. 2011.

SEUNCIANT OF STATE

4995211 8300

110714642

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8828202

DATE: 06-13-11

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