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11 AHASSEF, FLORIDA

#### Foreign Limited Liability Company C-III Capital Partners LLC

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

ISION OF CORPORATION

11 AUG 19 AM 7:52

T. HAMPTON



#### COVER LETTER

subject: 💆	C-III Capital Partners LLC	, <u> </u>
	1	Name of Limited Liability Company
The enclosed ' Existence, and	Application by Foreign Limited 1 check are submitted to register th	liability Company for Authorization to Transact Business in Florida," Certificate of a above referenced foreign limited liability company to transact business in Florida
Please return a	ll correspondence concerning this	matter to the following:
	Yvonne Owens	
		Name of Person
	C-III Capital Partners LLC	
		Pirm/Company
	300 North Main Street, Suite 4	02
		Address
	Greenville, SC 29601	
		City/State and Zip Code
	yowens@islecap.com	
	E-mail address	s: (to be used for future annual report notification)
For further int	ormation concerning this matter, p	olease call:
Yvon	ne Owens	at ( 864 ) 3.31-0307
	Name of Person	Area Code & Daytime Telephone Number
MAI	LING ADDRESS:	STREET ADDRESS:
	ion of Corporations	Division of Corporations
	stration Section	Registration Section
•	Box 6327	Clifton Building
Talia	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
England is	a check for the following an	nount:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Ш	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORILA:	
1.	C-III Capital Partners LLC	
-,	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CŌ	name unavailable, enter alternate name adopted for the purpose of transacting but iness in Florida and attach a copy of the usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili mpany," "L.L.C," "LLC.")	written Ity
2	Delaware 3	
	(Jurisdiction under the law of which foreign limited liability (Fill number, if applicable) company is organized)	
4.	February 10, 2010 S. Perpetual	
	(Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual")	
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	
7.	5221 N. O'Connor Blvd., Suite 600	
		<b>=</b>
	Irving, TX 75039	=
	(Sueer Address of Principal Office)	<u>.</u>
8.	If limited liability company is a manager-managed company, check here	9
9.	The name and usual business addresses of the managing members or managers are as follows:	圣
	Jeffrey P. Cohen 717 Fifth Ave, 18th Floor, New York, NY 10022	7:5
	Andrew L. Farkas 717 Fifth Ave, 18th Floor, New York, NY 10022	<b>N</b>
	Frank M. Garrison, 3100 West End Avenue, Suite 1230, Nashville, TN 37203	
the	Attached is an original certificate of existence, no more than 90 days old, duly auther ricated by the official having custody of reco- jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a islation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida: Investments	
	Theare Cloen	Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")  the name adopted for the purpose of transacting but liness in Florida and attach a copy of the written ing members adopting the alternate name. The alternate name must include "Limited Liability high foreign limited liability."  3.
	Signature of a member or an authorized representative of a member,	rida and attach a copy of the written must include "Limited Liability"  applicable)  ility company will cease to  s are as follows:  cofficial having custody of records in a foreign language, a ments  member.  affirmation under the mustion submitted in a
	(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 sity false information submitted in a document to the Department of State constitutes a third degree felous as provided for in a 817,155, P.S.)	
	Vione Outs	

Typed or printed name of signee

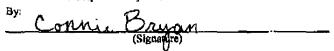
## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 60:.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	Company is:	
C-III Capital Partn	tris LLC		
If unavailable, th	ne alternate to be used	in the state of Florida is:	
2. The name and	d the Plorida street ad	dress of the registered agen; and office are:	
•	C T Corporation System		
		(Name)	•
	1200 South Pine Island Re	pad	
	Plorida Stre	est Address (P.O. Box NOT ACCIPTABLE)	•
	Plantation	FL 33324	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited tability 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 ! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System



\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

S 5.00 · Certificate of Status (optional)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF SUATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C-III CAPITAL PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELIMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF AUGUST, A.D. 2011.

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

1787749 8300

110930035

Jeiney W. Bullock, Secretary of St. DUTHEN TICATION: 8976373

DATE: 08-17-11

You may verify this cortificate enline