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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: RICKY SOTO DATE: 09/19/2011 **REF. #:** 000928.154391 CORP. NAME: JFC PROP-15 LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 541535 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$____ PLEASE RETURN: (XX) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

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:

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE				
1.	JFC PROP-15 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
сол	name unavailable, enter alternate name adopted for the purpos isent of the managers or managing members adopting the alter mpany," "L.L.C," "LLC.")	e of tra	nsacting business in Florida and attach a copy of the written me. The alternate name must include "Limited Liability		
2.	NEW JERSEY Jurisdiction under the law of which foreign limited liability		45-2806314		
7	Jurisdiction under the law of which foreign limited liability company is organized)	***************************************	(FEI number, if applicable)		
4.	07/22/2011 5 (Date of Organization)		PERPETUAL station: Year limited liability company will cease to		
.,	(Date of Organization)	(Du	ration: Year limited liability company will cease to at or "perpetual")		
6.	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rlda if	prior to registration		
	(See sections 608.501 & 608.502 F.S.	to dete	mine penalty liability)		
7.	101 E. BROADWAY, HACKENSACK, NJ 076				
	(Street Address	Forme	inal Office)		
	(Succe Addiess (ı Fiiic	ipai Office)		
8.	If limited liability company is a manager-managed	compa	my, check here X		
9.	The name and usual business addresses of the mana	ging 1	nembers or managers are as follows:		
	JFC PROPERTIES LLC				
	101 E. BROADWAY				
	HACKENSACK, NJ 07601				
the	Attached is an original certificate of existence, no more than 90 d jurisdiction under the law of which it is organized. (A photocopy slation of the certificate under cath of the translator must be subn	isnote			
11.	Nature of business or purposes to be conducted or	prom	oted in Florida:		
	REAL ESTATE	NVE	STMENT		
	Dalla	m _			
	Signature of a member or an aut (In accordance with section 608.408(3), F. an affirmation under the penalties of perju	S., the e	xecution of this document constitutes		
		•	AMER Authorized Signatory		
	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.

1. The name of the Limited Liability Con	npany is:			
JFC	PROP-15 LLC	<u> </u>		
If unavailable, the alternate to be used in t	the state of Florida i	is:		
2. The name and the Florida street address	s of the registered a	agent and office are:		
NRAI Services, Inc.				
(Name)				
515 East Park Avenue				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Tallahassee	FL City/State/Zip	32301		
Having been named as registered agent and liability company at the place designated in agent and agree to act in this capacity. I furelating to the proper and complete perform obligations of my position as registered age NRAI Services, Inc. By: (Signature) JOELLE CHURIK, ASSISTANT SECRET,	this certificate, I he arther agree to complete agree to complete and the arther agree to complete and as provided for in the arther agreement.	ereby accept the appointment as registere oly with the provisions of all statutes and I am familiar with and accept the in Chapter 608, Florida Statutes.		

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

JFC PROP-15 LLC

0400431306

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 22, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Glenn M Rocca 101 E Broadway Hackensack, NJ 07601

OT THE STATE OF

Certification# 121578105

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of September, 2011

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp