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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092 Fax Number

; (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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#### Foreign Limited Liability Company LSREF2 Clover REO, LLC

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

G. MCLEOD

OCT 14 2011

**EXAMINER** 

#### COVER LETTER

	on of Corporations SREF2 Clover REO, LLC				
NODIECT:		ame of Limited Liability Company			
The enclosed "A Existence, and	Application by Foreign Limited Lischeck are submitted to register the	sbility Company for Authorization to Transact Business in Florida," Ca above referenced foreign limited liability company to transact business	rtificate of in Florida		
Please return al	I correspondence concerning this n	natter to the following:			
	Diunna H. Heise				
	Name of Person				
	wo Hudson Advisors LLC				
	Finn/Company				
	2711 N. Haskell Avenue, Suite 1800				
	•	Address	<del>,</del>		
	Dallas, TX 75204				
		City/State and Zip Code			
	diheise@hudson-advisors.com				
	E-mali address:	(to be used for future annual report notification)			
For further info	rmstion concerning this matter, ple	use coll:			
Dianna H. Heise		et (214 ) 754-8651			
<del></del>	Name of Person	Area Code & Daytime Telephone Number			
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 Tallabassee, FL 32301			
	check for the following amo 0 Filing Fee \$130.00 Filing I Certificate of St	unt:			

## 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CC	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi	written ility	
C	ompany," "L.L.C," "LLC.")		
2.	Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-3193819 (PEI number, if applicable)	••	
4.	9/6/2011 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_	
'n	Upon filing		
υ.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	- ====================================	
7.	2711 N. Haskell Avenue, Suite 1700, Dallas, Texas 75204	8	٠
	ASA	7	,,
	(Sireet Address of Principal Office)	- ယ -	í
	3. 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:			
	LSREF2 Clover GenPar, LLC	_	
	2711 N. Haskell Avenue, Suite 1700	-	
	Dallas, Toxas 75204		
th	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of repurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unstation of the certificate under eath of the translator must be submitted.)	cordsin	
H	. Nature of business or purposes to be conducted or promoted in Florida:	-	
	Real Estate Investment	<b>•</b>	
	- B-33_		
	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 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.)		

Layne B. LeBaron, Secretary of LSREF2 Clover GenPar, LLC "Sole Member"

Typed or printed name of signce

FL037 - 10/05/2010 C T Symera Dollad

# 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.

	ne of the Limited Liability Comp ver RBO, LLC	oany is:			
If unavailable, the alternate to be used in the state of Florida is:					
2. The nam	ne and the Florida street address	of the registered agent and office are:			
	C T Corporation System				
		(Name)			
••	1200 South Pine Island Road				
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324			
		City/State/Zip			
liability con agent and a relating to t	npany at the place designated in t gree to act in this capacity. I furt he proper and complete perform of my position as registered agen C. T. Comoration System By:	to accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered ther agree to comply with the provisions of all statutes ance of my duties, and I am familiar with and accept the tas provided for in Chapter 608, Florida Statutes.			
		Michael E. Jones			
	\$ 100.00				
	\$ 25.00 \$ 30.00				
	\$ 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 "LSREF2 CLOVER REO, 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 TWELFTH DAY OF OCTOBER, A.D. 2011.

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

AUTHENTY CATION: 9088185

DATE: 10-12-11