Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000260590 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850) 222-1092

Fax Number

: (950)878-5368

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

Email	Address	:				

Foreign Limited Liability Company RT Sabal Pavillion, LLC

Certificate of Status Certified Copy Page Count 06 Estimated Charge \$125.00

C. LEWIS

NOV 2 2011

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10/31/2011

COVER LETTER

TO:	Registration Section Division of Corporations					
SURJE	ECT: RT Sabal Pavilion, LLC	·				
		nited Liability Company				
The end Existen	nclosed "Application by Foreign Limited Liability Connec, and check are submitted to register the above refe	ipany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this marter to the	following:				
	Cindy Sabish					
	Na	une of Person				
	K&L Gates LLP					
Firm/Company						
K&L Gates Center, 210 Sixth Avenue						
Address						
Pittsburgh, PA 15222						
	City/Si	ate and Zip Code				
	cindy.sabish@klgates.com					
	E-mail address: (to be used	for future amual report notification)				
For furt	ther information concerning this matter, please call:					
	Cindy Subish	at (412) 355-6762				
	Name of Person Area	at (412) 355-6762 a Code & Daytime Telephone Number				
	Division of Corporations Registration Section P.O. Box 6327 Clifton Tallahassee, FL 32314 Clifton	TADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301				
	sed is a check for the following amount: [\$125.00 Filing Fee \$\ \text{Certificate of Status}\$	\$155.00 Filing Fee & \$\Bigsim \\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy				

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:

		e "Limited Liability Company," "L.L.C		_
If name unavailable, enter alternate name ad- consent of the managers or managing membe Company,""L.L.C,""LLC.")	opted for the purpose is adopting the alterr	e of transacting business in Florida and tate name. The alternate name must inc	attach a copy of th lude "Limited Liab	e written ility
2. Delaware	3.	45-3669322		
(Jurisdiction under the law of which foreig company is organized)	n limited liability	(FEI number, if applica	ble)	*****
1 10-18-2011	. 5.	Perpetual		
(Date of Organization)		(Duration: Year limited liability con exist or "perpetual")	ipany will cease to	-
s. N/A			38 38	201
(Date first transa (See sections 608.	cted business in Flor 501 & 608.502 F.S. t	ida, if prior to registration.) o determine penulty liability)	ARE ARE	AON (
7. 47 Hulfish Street, Suite 210, Prince	ton, NJ 08542		AS AS	₹
			84 0 84 0	
	(Street Address o	f Principal Office)	75	3
3. If limited liability company is a ma	mager-managed c	company, check here	TATE ORIDA	8. rs
). The name and usual business addre	esses of the manu	ging members or managers are as	follows:	
CBRE Operating Partnership, L.P.				
47 Hulfish Street, Suite 210, Princ	eton, NJ 08542			
	ومرمون الفاقطان ويوسي و مرمون مانطاقات القانون و مرمون			.
.0. Attached is an original certificate of existence the jurisdiction under the law of which it is organization of the certificate under outh of the training	nizal (Aphotocopy	is not acceptable. If the certificate is in a		ecords in
1. Nature of business or purposes to	be condiicted or	promoted in Florida: Own, open	te and '	
manage properties.	1			
their	Kei	The state of the s		
Signature of a n	nember or an auth	orized representative of a memb	er.	
(In accordance with section 608.4	108(\$), F.S., the execut	ion of this document constitutes an affirmat	ion under the	
penalties of perjury that the fact	108(1), F.S., the execut s stated herein are true.	ion of this document constitutes an affirmat I am aware that any false information is third degree felony as provided for in	submitted in a	

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 Lia	bility Company is:	
RT Sabal Pavilion, LLC		
If unavailable, the alternate to be	e used in the state of Florida is:	
2. The name and the Florida str	eet address of the registered agent and office are:	2011 NOV SECRET
C T Corporation		
	(Name)	FIL INOV-I
1200 South Pine	: Island Road	mog 🛌 🗂
Flor	T ST ST	
		H 8: 42 FLORIDA
Plantation	FL 33324	_ >
	City/State/Zip	

Flaving 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.

By: Connect System

(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

PAGE J

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RT SABAL PAVILION, 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2011.

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

5053686 8300

111142412

AUTHENTY CATION: 9120427

DATE: 10-27-11

You may verify this certificate onling at corp. delaware.cov/authver.shtml