Division of Corporations Electronic Filing Cover Sheet

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L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

NOV 2:1 2011

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368 Fax Number

EXAMINER

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 GREENTREE I, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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

| g Greentree | ##################################### | |
|---|--|---|
| (Nam | ne of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC. | ") |
| consent of th | available, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy the managers or managing members adopting the alternate name. The alternate name must include "Limites "L.L.C." "LLC.") | |
| 2. Delaware | g 27-4061104 | |
| (Jurisdictio | ion under the law of which foreign limited liability (FEI mimber, if applicable) is organized) | |
| 4. November | oer 18, 2010 5. Ferpetual | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | (Date of Organization) (Duration: Year limited liability company will cannot be exist or "perpetual") | lase to |
| 6 | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine ponalty liability) | , , , , , , , , , , , , , , , , , , , |
| 7. 555 Line | coln Drive West | |
| Machon, | NJ 08053 | |
| • | (Street Address of Principal Office) | |
| 8. If limite | ed liability company is a manager-managed company, check here 🔀 | • |
| 9. The nar | me and usual business addresses of the managing members or managers are as follows: | |
| Frank Bo | Ongrazio | |
| 555 Lin | ncoln Drive West | |
| Mariton, | , NJ 08053 | |
| the judistiction translation of | d is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custos on under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languarith certificate under eath of the translator must be submitted.) The off business or purposes to be conducted or promoted in Florida: Real Estate Management | म हर द |
| | | |
| | PR | ESIDENT |
| • | Difference of a mention of all authorized telegraphs of a mention. | |
| | (In accordance with section 608.408(3), F.S., the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false infortgation submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F | u |
| | Frank Bongrazio | · |
| • | Typed or printed name of signeo | |
| toto C T System Onti | | |
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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: | | |
|--|---|---|--|--|
| Greentree I, L | LC | | | |
| If unavailable, the alternate to be used in the state of Florida is: | | | | |
| 2. The name | e and the Florida street addr | ess of the registered agent and office are: | | |
| | C T Corporation System | · | | |
| | | (Name) | | |
| | 1200 South Pine Island Road | 1 | | |
| | Florida Street | Address (P.O. Box NOT ACCEPTABLE) | | |
| | Plantation | FL 33324 | | |
| | | City/State/Zip | | |
| liability compagent and agrelating to the | pany at the place designated gree to act in this capacity. I are proper and complete perfo of my position as registered a CT Corporation S By: | and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registere further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes. Signature) Signature) Signature | | |
| | \$ 100 \$ 25 \$ 30 \$ 5 | 5.00 Designation of Registered Agent | | |

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GREENTREE I, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2011.

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

4900550 8300

111213311

AUTHENTICATION: 9168445

DATE: 11-18-11

You may verify this certificate onlin