Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

NOV 3'0,2011

From:

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

ACCOUNT Name : C T CORPORATION SYSTEM 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 PSREG North Hyde Park, LLC

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

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------------|--|--|--|
| SUBJÆ | CCT: PSREG North Hyde Park, LLC | | |
| | | lame of Limited Liability Company | |
| | | ability Company for Authorization to Transact Business in Florida," C above referenced foreign limited liability company to transact busines | |
| Please | return all correspondence concerning this a | natter to the following: | |
| | Jan R. Ezell, Corporate Paralege | · · · · · · · · · · · · · · · · · · · | |
| | | Name of Person | |
| | Alston & Bird LLP | | |
| Firm/Company | | | |
| | 1201 West Peachtree Street | · | |
| | | Address | |
| | Atlanta, OA 30309-3424 | | |
| | | City/State and Zip Code | |
| | sshores@pollackpartners.com | | |
| | E-mail address: | : (to be used for future annual report notification) | |
| For fun | ther information concerning this matter, pl | ease call: | |
| Jan R. Ezell | | at (404) 881-7442 | |
| | 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 Tallahussee, PL 32301 | |
| Enclos | sed is a check for the following amo \$125.00 Filing Fee \$130.00 Filing Certificate of S | Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate | |

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

| Ш | MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|-------------|--|
| 1. | PSREG North Hyde Park, LLC |
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| CO | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability repany," "L.L.C," "LLC.") |
| 2. | Delaware 3, 26-3956259 |
| Ī | Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. | 11/22/2011 5 perpetual |
| | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. | upon registration |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 603.591 & 608.502 F.S. to determine penalty liability) |
| 7. | 5605 Glenridge Drive, Suite 775, Atlanta, GA 30342 |
| | (Street Address of Principal Office) |
| | · · · · · · · · · · · · · · · · · · · |
| 8. | 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: |
| | Pollack Shores Real Estate Group, LLC |
| | 5605 Glenridge Drive, Suite 775, Atlanta, GA 30342 |
| | · · · · · · · · · · · · · · · · · · · |
| the trea | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custidy of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) |
| 11 | Nature of business or purposes to be conducted or promoted in Plorida: |
| | real estate investment |
| | |
| | Significant Day - |
| | Signal are/of a member or an authorized representative of a member. (In secondance with rection 608.408(3), F.S., the execution of this document constitutes an affirmation under the |
| | Signal are of a member or an authorized representative of a member. (In accordance with rection 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. |
| | steven shores |
| | 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.

| | h Hyde Park, LLC | Liability Company is: | | | | |
|--|--|---|--|--|--|--|
| If unavailable, the alternate to be used in the state of Florida is: | | | | | | |
| 2. The nam | e and the Florida | street address of the registered agent and office are: | | | | |
| | C T Corporation | a System | | | | |
| | | (Name) | | | | |
| | 1200 South Pine | e Island Road | | | | |
| | F | lorida Street Address (P.O. Box NOT ACCEPTABLE) | | | | |
| | Plantation | FL 33324 | | | | |
| | | City/State/Zip | | | | |
| liability com agent and ag relating to ti | pany at the place of the proper and come of my position as r | red agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as registere capacity. I further agree to comply with the provisions of all statutes uplete performance of my duties, and I am familiar with and accept the egistered agent as provided for in Chapter 608, Florida Statutes. | | | | |
| | Ву: | Connie Bryan | | | | |
| | | Assistant Secretary | | | | |
| | | \$ 100.00 Filing Fee for Application | | | | |
| | | \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) | | | | |
| | | \$ 5.00 Cartiflests of Status (antional) | | | | |

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSREG NORTH HYDE PARK, 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-THIRD DAY OF NOVEMBER, A.D. 2011.

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

5069676 8300

111222610

DATE: 11-23-11

AUTHENTICATION: 91785

You may verify this certificate onlin-