Florida Department of State Division of Corporations

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company CENTERLINE CAPITAL GROUP LLC

Certificate of Status	0
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Page Count	05
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B. BOSTICK

DEC - 6 2011

EXAMINER 12/2/2011

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	CENTERLINE CAPITAL GROUP I	LLC		
00000		ame of Limited Liability Compan	y	
	osed "Application by Foreign Limited Lise, and check are submitted to register the			
Please re	him all correspondence concerning this n	natter to the following:		
		MS. SHAKISHA L. CRISS		
		Name of Person		
	CE1	ıc		
		City/State and Zip Code		
		SCRISS@CENTERLINE.COM		•
		(to be used for future annual repo	ort natification)	
For furth	er information concerning this matter, ple	ease Call;		
	MS. SHAKISHA L. CRUSS		17-5731	
	Name of Person	Area Code & Daytime Tel	sphone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahussee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2561 Executive Center Circle Taliahassee, FL 32301		. SI
Enclos	d is a check for the following amo \$125.00 Filing Fee \$130.00 Filing I Certificate of Si	Foe & \$155.00 Filing Fee &	S160.00 Filing Fee, Cartificate of Status & Certified Copy	1 DEC -5 AM 9:30

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.

1	CENTERLINE CAPITAL GROUP LLC	
4,	(Name of Poreign 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 Florids and attach a copy of the usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilismpany," "L.L.C." "LLC."	written Ity
2	DELAWARE 3, 13-4177343	
•	(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)	
4.	07/01/2001 5 PERPETUAL	
,	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetuel")	
6.	AUGUST 2, 2010	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	625 MADISON AVENUE	
	NEW YORK, NY 10022	
	(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:	
	CENTERLINE HOLDING COMPANY - 625 MADISON AVE., NEW YORK, NY 10022	
the	. Attached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.)	rds in
11	Nature of business or purposes to be conducted or promoted in Florida:	
	COMMERCIAL REAL ESTATE SERVICES	
	//1/2	1
	Simple Control of the	SE
	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	芦品
	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 follows as provided for in \$.817.153, F.S.)	
	Typed or printed name of signee	
	COR	/. ~~
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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 th	ne Limited Liability C	Company is:	
CENTERLINE CAP	ITAL GROUP LLC		
If unavailable, the	salternate to be used	in the state of Florida is:	
2. The name and	the Florida street add	iress of the registered agent and office are:	
C	C T Corporation System		
		(Name)	
12	00 South Pine Island Roa	ud	
_	Florida Stree	of Address (P.O. Box NOT ACCEPTABLE)	
		n: 33324	
F	lantation	FL 33324	

Having 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.

CT Corporation System

Robert O'Syme

C T Corporation System

C T Corporation System

Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

11 DEC -5 AM 9: 30

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTERLINE CAPITAL GROUP 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 FIRST DAY OF DECEMBER, A.D. 2011.

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

3407936 8300

DATE: 12-01-11