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To:

Division of Corporations

Fax Number : (850)617-6383

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 futureO annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company CD 2006-CD3-1515 E. Silver Springs Blvd LLC

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B. KOHR

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EXAMINER

CT CORP



COVER LETTER

SUBJECT: (CD 2006-CD3 - 1515 B. SILVER SPRINGS BLVD LLC	
SOBJECT: _	Nune of Limited Liability Company	
Bxistence, and	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Fforida," defects are submitted to register the above referenced foreign limited liability company to transact business all correspondence concerning this matter to the following:	Certificate of css in Florida
	ROBIN KYLE	
	Name of Person	
	C-III ASSET MANAGEMENT LLC	
	Firm/Company	
	5221 N. O'CONNOR BLVD., SUITE 600	
	Address	
	IRVING, TX 75039	
	City/State and Zip Code	
	RKYLE@C3CP.COM	
	E-mail address: (to be used for future annual report notification)	
For further info	ormation concerning this matter, piense call:	
ROBIN	N KYLB at (972 868-5388 Name of Person Area Code & Daytime Telephone Number	
-	Name of Person Area Code & Daytime Telephone Number	
Divisio Registr P.O. Bo	ING ADDRESS: Division of Corporations ration Section ox 6327 Clifton Building assee, FL 32314 English Executive Center Circle Tallahassee, FL 32301	
nclosed is a	check for the following amount: 0 Filing Fee \$\sum_{\text{S130.00 Filing Fee}} \text{\$\sum_{\text{S155.00 Filing Fee}} \text{\$\sum_{\text{S155.00 Filing Fee}} \text{\$\sum_{\text{S160.00 Filing Fee}} \text{\$\text{Certified Copy}} \text{\$\sum_{\text{of Status}} \text{\$\text{Certified Copy}} \text{\$\sum_{\text{of Status}} \text{\$\text{Certified Copy}} \text{\$\sum_{\text{of Status}} \text{\$\text{Certified Copy}} \text{\$\sum_{\text{of Status}} \text{\$\text{Certified Copy}} \text{\$\text{of Status} \$\text{of St	

2 (18 29 1) AGE STORY OF CORRESPONDENCE OF CORRE

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

	CD 2006-CD3 - 1315 E. SILVER SPRINGS BLVD LLC					
	(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")					
CE	Frame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wr meent of the managers or managing membors adopting the alternate name. The alternate name must include "Limited Limbility outputty," "L.L.C." (LLC.")					
	DELAWARE 3.					
	(Aurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)					
4.	FEBRUARY 27, 2012 5. PERPETUAL					
•	(Date of Organization) (Duration: Year limited (lability company will sease to exist or "perpetual")					
6.	PEBRUARY 27, 2012					
	(Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	5221 N. O'CONNOR BLVD., SUITE 606					
-	irving, TX 75039					
	(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:						
C-III ASSET MANAGEMBNT LLC						
	5221 N. O'CONNOR BLVD., SUITE 600					
	IRVING, TX 75039					
the ji (rans	Attached is an original cutificate of existence, no more than 90 days old, duty authenticated by the official having custody of records unselfate in the inferior of the having custody of records unselfate in the cutificate is in a foreign language, a lation of the certificate under oath of the haristator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida:					
	OLD, REALIZE, RECEIVE OR DISPOSE OF MORTGAGED PROPERTY					
	101/12					
	Signature of a member or an authorized representative of a member:					
	(In accordance with section 608.408(3), F.S., the resention of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true, I am aware that any false information admitted in a document to the Department of State constitutes a third degree follows as provided for in a \$17.155, F.S.) JENNA VICK UNGLL					
	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 na	ame of the Limited Liabilit	y Company is:	•		
CD 2006-C	CD 2006-CD3 - 1515 H. SILVER SPRINGS BLVD LLC				
If unavails	able, the alternate to be use	ed in the state of Florida is:			
2. The na	me and the Florida street a	address of the registered agent and office are:			
	CT Corporation System				
•		(Name)			
	1200 South Pine Island F	Loed			
	. Florida St	rect Address (P.O. Bax NOT ACCEPTABLE)			
	Plantation	FI. 33324			
		City/State/Zip			

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.

C T Corporation System



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

Delaware

DACE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CD 2006-CD3 - 1515 E. SILVER
SPRINGS BLVD 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-NINTH
DAY OF FEBRUARY, A.D. 2012.

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

5115617 8300

120251326

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9398415

DATE: 02-29-12