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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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 future annual report mailings. Enter only one email address please.\*\*

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#### Foreign Limited Liability Company CFLP PIERPOINT LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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J. SAULSBERRY **EXAMINER** 

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3/2/2012

#### COVER LETTER

	gistration Section rision of Corporations		
SUBJECT:		CFLP Pierpoint LLC	
		Name of Limited Liability Company	<del></del>
The enclosed Existence, an	d "Application by Foreign Limited L and check are submitted to register th	iability Company for Authorization to Transact Business e above referenced foreign limited liability company to to	s in Florida," Certificate of ransact business in Florida
Please return	all correspondence concerning this	matter to the following:	
	Ronald Tellez		•
		Name of Person	
	Och-Ziff Real Estate		<b>₹</b> % <b>≥</b>
		Firm/Company	
9 West 57th Street, 39th Floor		F 1 2012 MAR - SECRETA ALLAHAS	
		Address	
	New York, NY 10019	•	
	-,	City/State and Zip Code	
	Ronald.Tellez@ozcap.com	π	<b>1</b> 02
	E-mail address	s: (to be used for future annual report notification)	
For further in	nformation concerning this matter, p	plaase call:	
***	Name of Person	at () Area Code & Daytime Telephone Number	
Div Reg P.C	VILING ADDRESS: Vision of Corporations glatration Section D. Box 6327 Inhassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following am 15.00 Filing Fee \$130.00 Filing Certificate of	3 Fee & 'X\$155.00 Filing Fee &\$160.00 Filing F	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATU LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS INTH	ITES, THE FOLLOWING IS SUBMITTED TO REGISTER A. HE STATE OF FLORIDA:	FOREIGN
CFLP Pierpoint LLC		
(Name of Foreign Limited Liability Company; must inc	clude "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the pure consent of the managers or managing members adopting the all Company," "L.L.C," "LLC.")	pose of transacting business in Florida and ettach a copy of t lternate name. The atternate name must include "Limited Lis	he written shility
2. Delaware	3	
(Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable)	_
4. 1/31/12	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpotual")	SEC
6. (Date first transacted business in ) (See sections 608.501 & 608.502 P	Florida, if prior to registration.) 7.3. to determine penalty liability)	RE TAI
7. c/o Och-Ziff Roal Estate, 9 West 57th Street, 39	th Ploor	R SH SH
New York, NY 10019		
(Street Addre	ess of Principal Office)	<b>\$</b> ₹ •
8. If limited liability company is a manager-manage	ed company, check here 🔀	ST.
<ol> <li>The name and usual business addresses of the management of the portrol of the control of the portrol of the portr</li></ol>	•	
New York, NY 10019		
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under cath of the translator must be s.  11. Nature of business or purposes to be conducted.	copy is not acceptable. If the certificate is in a foreign language, ubmitted)	faccords in
property and any other lawful purpose	<i></i>	
Signature of a member or an	authorized representative of a member.	
<ul> <li>(In accordance with section 608,408(3), F.S., the coperation of perjury that the facts stated herein are document to the Department of State constitution.</li> </ul>	according of this document constitutes an affirmation under the proc. I am aware that any false information submitted in a utes a third degree felony as provided for in s.817.155, F.S.) on Orbuch	
	ted name of tioner	

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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 Company is:				
CFLP PIERP	OINT LLC		· · · · · · · · · · · · · · · · · · ·	
If unavailab	ole, the alternate to be use	ed in the state of Florida is:		
2. The nam		address of the registered agent and office are:	SEC	2012 MAR
	C T Corporation System		<b>A</b> R	
,		(Name)	IAR ASS	70
	1200 South Pine Island	Road	in i	<b>○</b>
Florida Street Address (P.O. Box NOT ACCEPTABLE)		S T T		
	<b></b>	<b>A</b>		رت و
	Plantation	FL 33324 City/State/Zip	\$ C	3
		Citivatoreth		

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

(Signature)

Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25,00 Designation of Registered Agent

FLOST - 10/05/2016 C T System Onlise

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CFLP PIERPOINT 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 FEBRUARY, A.D. 2012.

5103205

120233654

You may varify this certificate online at corp. delawase. gov/authver. shtml

AUTHENTY CATION: 9392630

DATE: 02-27-12