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 $\mathbf{To}:$ 

Division of Corporations

Pax 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 HUNTERS RIDGE LLC

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CI CORPORATION

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#### COVER LETTER

TO:		ration Section on of Corporations		
AUB 11			CFLP Hunters Ridge LLC	
SUBJ	sci: _	. 7	Name of Limited Liability Company	· ·
			iability Company for Authorization to Transact Busine above referenced foreign limited liability company to	
Please	return al	correspondence concerning this	matter to the following:	
		Ronald Tellez		
			Name of Person	
		Och-Ziff Real Estate		
			Firm/Company	7A. S. 28
		9 West 57th Street, 39th F	loor	2012 MAR SECRET ALLAHA
			Address	MAR -2 AP
		New York, NY 10019	<u> </u>	SEE 0
	•		City/State and Zip Code	سے دی ہے۔
		Ronald Tellez@ozcap.com		9. O
		E-mail address	(to be used for future annual report notification)	—— <u>5</u> 77 02
For fu	ther info	ormation concerning this matter, p		
		Name of Person	Area Code & Daytime Telephone Number	
	Divisi Regist P.O. E	ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	
		a check for the following am 00 Filing Fee \$130.00 Filing Certificate of S	Fee & X\$155.00 Filing Fee &\$160.00 Filing	

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

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THIS	STATE OF FLORIEN	
CFLP Hunters Ridge LLC (Name of Poreign Limited Liability Company; must inch	ude "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del> -
·		
f name unavailable, enter alternate name adopted for the purpoonsent of the managers or managing members adopting the alte ompany," "L.L.C," "LLC.")	ore of transacting business in Plorida and attach a copy of smale name. The alternate name must include "Limited I	f the written Liability
Delaware	3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
1/31/12	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")	e to
		<del></del>
(Date first transacted business in Fi (See sections 608,501 & 608,502 P.S	orida, if prior to registration.) i, to determine penalty liability)	LLC:
c/o Och-Ziff Real Estate, 9 West 57th Street, 39th	Floor	- Em
New York, NY 10019		SSI SSI
eenbbA (soule)	of Principal Office)	TE T
. If limited liability company is a manager-managed	company, check here	e 60
		92 A
. The name and usual business addresses of the man	laging members or managers are as follows:	<u> </u>
Central FL Portfolio LLC - c/o Och-Ziff Real Es	state, 9 West 57th Street, 39th Floor,	
New York, NY 10019		<del></del>
(46W ) O(K, (41 100/9		
). Attached is an original certificate of existence, no more than 90 (		
e jurisdiction under the law of which it is organized. (A photocop assistion of the certificate under eath of the translator must be subt		<b>5,1</b>
	•	
Nature of business or purposes to be conducted or	r promoted in Florida: Ownership of tear	<del></del> -
property and any other lawful purpose		
IT WIL		
Signature of a member or an au	thorized representative of a member.	
	oution of this document constitutes an affirmation under the	
document to the Department of State constitutes	us. I am aware that any false information submitted in a s a third degree felony as provided for in s.\$17.155, F.S.	}
	Orbuch	

### 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 HUNTERS R	IDGE LLC		
If unavailable, the	e alternate to be used in the	e state of Florida is:	
2. The name and	the Florida street address	of the registered agent and office are:	SECRET
c	T Corporation System		R-2 TARN ASSE
		(Name)	~ \$££
12	00 South Pine Island Road		F SI
_	Florida Street Add	ross (P.O. Box NOT ACCEPTABLE)	9: 02 TATE ORIDE
P	lantation	pt_ 33324	
		City/State/Zip	
liability company i agent and agree to relating to the proj	at the place designated in the act in this capacity. I furth per and complete performa	o accept service of process for the above stands certificate, I hereby accept the appointmenter agree to comply with the provisions of an accept my duties, and I am familiar with and as provided for in Chapter 608, Florida Stands	ent as registered il statutes i accept the atutes.
	(Signa	ture) 8 Assistant Se	scretary
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	

FLEST - (GOSGO10 & T System Outline

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CFLP HUNTERS RIDGE 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.

2012 MAR -2 AM 9: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5103202 8300

120233611

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

AUTHENTICATION: 9392610

DATE: 02-27-12