Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Aggount 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. \*\*

Email Address:

Foreign Limited Liability Company SFI Palm Tree Farms LLC

Certificate of Status	0
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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN Help

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The englace	d "Application by Foreign Limited Liab	siling Company for Authorizat	tion to Transact E	Business in Florida.	729	
Existence, a	and check are submitted to register the a	bove referenced foreign limits	ed liability comp	any to transact busi	ness in Plorida.	
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Pibase Totul	n all correspondence concerning this ma	itter to me 10110mmB:				
		Geoffrey M. Dugan				
		Name of Person				
		iStar Financial Inc.				
		Firm/Company				
		, .				
	C	ne Sansoms Street, 30th Flor	or .			
		Address				
		San Francisco, CA 94104				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	•			
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	Pamail address:	gdugan@isterfinancial.com to be used for future annual re		<del>\</del>	-	
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For further	information concerning this matter, ples	ise call;				
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	Ö, Box 6327	Clifton Building			•	
Ta.	llahassee, FL 32314	2661 Executive Center Cin	ole			
		Tallahassoo, FL 32301				
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Enclosed	is a check for the following amou	int:				
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA	7
TRANSACT BUSINESS IN PROCEEDS.	, <u>(</u> ()
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:	
SFI Palm Tree Farms LLC	بہ
(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.").	S.
	N.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")	
2, Delaware 3. 46-0797569	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. Angust 15, 2012 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to	
exist of "perpotual")	
6. m/a	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	
7. c/o iStar Financial Inc., 1114 Avenue of the Americas, 39th Floor, New York, NY 10036	
(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:	
iSter Financial Inc., 1114 Avenue of the Americas, 39th Ploor, New York, NY 10036	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Real Estate Investments and Finance	
N. 10. 71 1	
Signature of a temper 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 panalties of parjury that the facts stated herein are true.)	
Geoffrey M. Dugun, authorized person	
Typed or printed name of signee	

PAGE 03/05

# 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	of the Limited Liability Company is:	
	SFI Palm Tree Farms LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	. (Name)	
	1200 South Pine Island Road	
Plorida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plentation FT 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

By: Connie Bryan
(Signature)

Assistant Secretary

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

PLOS7 - 06/06/2029 C T System Online

# Delaware

## The First State

PAGE PROPERTY OF THE PAGE OF T I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SFI PALM TREE FARMS 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 SIXTEENTH DAY OF AUGUST, A.D. 2012.

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

5199087

120945081

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

DATE: 08-16-12

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