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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone 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 OS Legacy LLC

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Certificate of Status	0
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EXAMINER

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COVER LETTER

	stration Section Ion of Corporations					
(OS Legacy LLC					
SUBJECT: _		Name of L	imited Liability Company			
Existence, and	chock are submitted	to register the above rea	erenced foreign limited liabilit	ansact Business in Florida," Certific by company to transact business in F	ate of lorida	
Picase return a	ill correspondence o	oncerning this matter to t	he following:	•		
			Name of Person .			
	· · · · · · · · · · · · · · · · · · ·		Firm/Company			
			Address			
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•		City	State and Zip Code		SECF	12 D
					XHX XEX	DEC
		E-mail address: (to be us	ed for future annual report not	fication)	SSE	ယ
For further infe	ormation concerning	this matter, please call:			m _S	- = :
					- 1	=
	Name o	f Person A	ea Code & Daytime Telephon	e Number		
Divisi Regist P.O. E	LING ADDRESS: ion of Corporations tration Section 30x 6327 tussee, FL 32314	Divis Regis Clifto 2661	CET ADDRESS: ion of Corporations tration Section in Building Executive Conter Circle hassee, FL 32301		≱ *	
Enclosed is	a check for the fo	llowing amount:				
, □ \$ 12	25.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy		

12 DEC 13 AMII: I

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

IN COMPLIANCE WITH SECTION 608.518, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECUSTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC." (if name unavailable, enter alternate name adopted for the purpose of transacting butiness in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The atternate name must include "Limited Liability Company," "L.L.C." "LLC.") 2. Dolaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) December 4, 2012 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 P.S. to determine penalty liability) c/o Och-Ziif Real Estate, 9 West 57th Street, 59th FL., New York; NY 10019; Attn: Ronald Tellez (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: OS Golf Property Holdings Borrower LLC - c/o Och Ziff Real Estate, 9 West 57th St., 39th FL., NY, NY 10019 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ligying 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 firetion knower, a translation of the certificate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Ownership and operation of real property. Signature of a member or an authorized representative of a member. (In accordance with rection 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of partury that the facts studed herein are true. I are aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a.817.155, F.S.)

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Bleven E. Orbuch, Authorized Person

Typed or printed name of signee

OPEC IS ANII:

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.

If unavailable, the alternate to be used in the state of Florida is:							
2. The name a	and the Florida street add	ress of the registered agent and office are:					
	CT Corporation System .						
		(Name)					
	1200 South Pine island	Road					
	Florida Stree	et Address (P.O. Box 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.

CT Corporation System Connie Bryan

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)

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Delaware

DACE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OS LEGACY 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 THIRTEENTH DAY OF DECEMBER, A.D. 2012.

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

5252359 8300

121335356

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

AUTHENTY CATION: 0064008

DATE: 12-13-12

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