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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JAN 1 6 2013

T. HAMPTON



ACCOUNT NO. : 1200000019	5				
REFERENCE : 489915	4361510				
AUTHORIZATION :					
COST LIMIT : \$ 125	Spell de man				
ORDER DATE : January 9, 2013	9-0				
ORDER TIME : 11:53 AM					
ORDER NO. : 489915-005					
CUSTOMER NO: 4361510					
FOREIGN FILINGS NAME: COLFIN AI-FL 2, LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Harry B. Davis EXT# 2926					

EXAMINER:

CR2E027 (9/10)

COVER LETTER

TO:		ation Section n of Corporations						
SUBJE		olFin Al-FL 2, LLC						
	-		Nam	e of Limi	ted Liability Co	mpany		
The enc Existence	closed "A ce, and c	pplication by Forei heck are submitted	gn Limited Liabil to register the abo	ity Comp ve refere	any for Authoriz nced foreign lim	zation to Tra	insact Business in company to trans	Florida," Certificate of sact business in Florida
Please r	return all	correspondence cor	ncerning this matt	er to the t	following:			
		Linda Bodenstei	n					
				Nar	ne of Person			
	CSFR ColFin American Investors, LLC							
				Fin	n/Company			
		2450 Broadway,	Sixth Floor					
					Address			
	Santa Monica, CA 90404							
				City/Sta	te and Zip Code	;		
		LBodenstein@co	lonyinc.com					
	•	E	-mail address: (to	be used	for future annua	report noti:	fication)	
For furt	her infor	mation concerning t	this matter, please	call:				
	Linda	Bodenstein			310 at (552-71	80	
		Name of	Person	Area	Code & Daytim	e Telephone	Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Ex	r ADDRESS: of Corporations tion Section Building ecutive Center C see, FL 32301					
Enclos		check for the fol .00 Filing Fee	llowing amoun ☐ \$130.00 Filing Certificate of S	Fee &	☐ \$155.00 Fil Certified C			g Fee, Certificate Certified Copy



January 11, 2013

CSC HARRY B DAVIS

SUBJECT: COLFIN AI-FL 2, LLC Ref. Number: W13000002215

We have received your document for COLFIN AI-FL 2, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00000831



January 11, 2013

CSC HARRY B DAVIS

SUBJECT: COLFIN AI-FL 2, LLC Ref. Number: W13000002215



We have received your document for COLFIN AI-FL 2, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

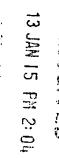
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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00000831



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

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: Colfin AI-FL 2, LLC

con		pose of transacting business in Florida and attach a copy of t Iternate name. The alternate name must include "Limited Lia	
2 1	Delaware	3	
	Jurisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)	
4.	1/8/13	5. Perpetual .	
	(Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	to
6.			
	(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)	商品
7	2450 Broadway, 6th Floor, Santa Monica, CA 90404	-	至秦
,.			
	(Street Addre	ess of Principal Office)	- 경우 다
	YATE 1 13/ 13/1		e Sign
8.	If limited liability company is a manager-manage	ed company, check here	
9.	The name and usual business addresses of the ma	anaging members or managers are as follows:	ω
	CSFR ColFin American Investors, LLC	,	
	2450 Broadway, 6th Floor, Santa Monica, CA 90404	4	
the		90 days old, duly authenticated by the official having custody copy is not acceptable. If the certificate is in a foreign language submitted.)	
11.	Nature of business or purposes to be conducted	or promoted in Florida: Real estate investment	********
•	Signature of a member or an	AUHO 1201 Signation authorized representative of a member.	-i
	(In accordance with section 608.408(3), F.S., the ex	xecution of this document constitutes an affirmation under the	
	penalties of perjury that the facts stated herein are	true. I am aware that any false information submitted in a	

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Linda Bodenstein, Authorized Signatory for $\,{\rm ColFin}\,$ AI-FL 2, $\,{\rm LLC}$

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 name	of the Limited Liability Compa	ny is:	
 	ColFin Al-	-FL 2, LLC	
If unavailable	, the alternate to be used in the	state of Florida is:	
2. The name	and the Florida street address of	f the registered agent and office are:	
	Corporation Service Company		
		(Name)	,
	1201 Hays Street		
	Florida Street Addr	ess (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability comparegistered age statutes relation	any at the place designated in th int and agree to act in this capac ng to the proper and complete pe	accept service of process for the abovis certificate, I hereby accept the appoint. I further agree to comply with the erformance of my duties, and I am family agent as provided for in Chapter 6	intment as provisions of all iliar with and
	By: (Signate	ure)	
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	SECRETARY SESTANIAN PROPERTY OF CONTRACTIONS 18 LANGE TO AM 9: 48

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "COLFIN AI-FL 2, 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 NINTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLFIN AI-FL 2, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2013.

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

5271836 8300

130031698

AUTHENTY CATION: 0133407

DATE: 01-09-13

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