M300000103

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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FEB - 4 2013

G. McLEOD



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OSTATE OF STATE

13 FEB -1 AH IO: 57
ECRETARY OF STANCELL ARASSER, FLORIDA



ACCOUNT NO. : I2000000195

REFERENCE : 518567 4361510

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 1, 2013

ORDER TIME : 2:28 PM

ORDER NO. : 518567-005

CUSTOMER NO: 4361510

FOREIGN FILINGS

NAME: COLFIN AI-FL 1, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

CR2E027 (9/10)

TO:

Registration Section Division of Corporations

COVER LETTER

SUBJECT:	ColFin Al-FL 1, LI	.C					
SCBGECT.		Name of L	imited Liability Com	pany			
		reign Limited Liability Co ed to register the above ref					
Please returi	n all correspondence	concerning this matter to the	he following:				
	Linda Bodenst	ein					
		. 1	Name of Person				
	Colony Capita	LLC					
		1	Firm/Company		 		
	2450 Broadwa	y, 6th Floor					
	Address						
	Santa Monica, CA 90404						
		City/	State and Zip Code				
	lbodenstein@c	olonyinc.com					
		E-mail address: (to be us	ed for future annual r	eport notif	ication)		
For further in	nformation concernin	g this matter, please call:					
Lin	ida Bodenstein		310 at (552-71)	80		
	Name	of Person Ar	ea Code & Daytime	Telephone	Number		
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314	Divisi Regis Clifto 2661	EET ADDRESS: ion of Corporations tration Section n Building Executive Center Cinassec, FL 32301	rcle			
	s a check for the f \$125.00 Filing Fee	Collowing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Cop		□ \$160.00 Filing Fee, C of Status & Certified		

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 REINIESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")					
Delaware	. 3.	80-0865201	•		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)			
1. 10/26/12	5.	Perpetual			
(Date of Organization)	(Duration: Year limited liability company exist or "perpetual")		/ will c	ease to	
5.			2°	_	
(Date first transacted business in (See sections 608.501 & 608.502 I	Flori	da, if prior to registration.) o determine penalty liability)	7 2- 1-4 3- 1-4	B FEB	_
7. 2450 Broadway, 6th Floor		3	o in	<u> </u>	trans
Santa Monica, CA 90404		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	키르(^데 Ca	1	
(Street Addre	ess of	Principal Office)	: } >-:	<u>ö</u>	Terruck,
3. If limited liability company is a manager-manage	ed c	ompany, check here	β ,}+ - γ (•	57	
, ,					
	anag	ing members or managers are as foll	lows:		
9. The name and usual business addresses of the m	anag	ing members or managers are as foll	lows:		
2. The name and usual business addresses of the m 2450 Broadway, 6th Floor	anag	ing members or managers are as fol	lows:	,	_
9. The name and usual business addresses of the m	anag	ing members or managers are as fol	lows:	,	_
2. The name and usual business addresses of the m 2450 Broadway, 6th Floor	anag	ing members or managers are as fol	lows:	• _	- -
O. The name and usual business addresses of the m 2450 Broadway, 6th Floor Santa Monica, CA 90404 10. Attached is an original certificate of existence, no more than	90 d	nys okl, duly authenticated by the official havi	ngas		
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Linda Bodenstein, Authorized Signatory

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 Company is:					
ColFin Al-FL 1, LLC					
If unavailable,	the alternate to be used	d in the state of Florida is:			
2. The name a	and the Florida street ac	ldress of the registered agent and office are:			
	Corporation Service Company				
	(Name)				
	1201 Hays Street				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL 32301			
		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.

Corporation Service Company

By:

(Signature)

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

Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "COLFIN AI-FL 1, 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 FIRST DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLFIN AI-FL

1, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D.

2012.

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

5233219 8300

130120707

Jeffrey W Bullock, Secretary of State AUTHENTICATION: 0187266

DATE: 02-01-13

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