Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302) 674-4089

Fax Number : (302)674-5266

**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 GCOF PACE 81, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GCOF Pace 81. LLC (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 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 1-22-13 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") upon filing 6. (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 405 Lexington Avenue, 34th Floor, New York, NY 10174 (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 Billy Stimpson, Manager 405 Lexington Avenue, 34th Floor, New York, NY 10174 10. Attached is an original cartificate 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: Signature of a member 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 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.)

Typed or printed name of signee

Billy Sumpson

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.

	f the Limited Liability Conity Gulf Front, LLC	npany is:	
If unavailable,	the alternate to be used in	the state of Florida is:	
2. The name a		ss of the registered agent and office are:	2013 MAR SEGRET
	NRAI Services, Inc.		
		(Name)	Sex 19
	1200 South Pine Island Road		
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	E9 #
	Plantation	FL: 33324	18 24 P
		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.

(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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GCOF PACE 81, 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 NINETEENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GCOF PACE 81, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2013.

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

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FAIL AHASSES FLORIDA

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You may varify this certificate online at corp. delevers.cov/authver.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENT CATION: 0292911

DATE: 03-19-13