Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000070544 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 **HUDSON REALTY CAPITAL, LLC**

Certificate of Status	0
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Page Count	0£ (4
Estimated Charge	\$125.00

K.SALY

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3/28/2013

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PAGE 01/06

CT CORPORATION

March 29, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: HUDSON REALTY CAPITAL, LLC

REF: W13000018165

We have received your document for HUDSON REALTY CAPITAL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6870$.

Karen A Saly Regulatory Specialist II FAX Aud. #: H13000070544 Letter Number: 513A00007420

RECEIVED

13 APR - 1 PM 4: 09

SECRETARY OF STATE
ALLAHASSEE FLORIDA

NE-SUBMIT
Please retain original filing
date of submission _3/28

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hudson Beauty Capital, LIC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
BIOBHAN GRIPPO Name of Person
Hudson Beatty Capital Firm/Company
250 Park Avenue South, 3th Floor
New York, NY 10003 City/State and Zip Code
Squiffin @ hudsoncon com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SioBi+An Geiffin 21(212) 336-5293 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301
Enclosed is a check for the following amount: [S125.00 Filing Fee Description of Status] [S155.00 Filing Fee & Certificate of Status] [Certificate of Status] [Certificate of Status]

FLOST - 10/05/2010 C T System Online

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

IN COMPL LIMITED LI	IABILITY COMPANYTO TRA	8.503, FLORIDA STATUTES, THE INSACT BUSINESS IN THE STATE O	FOLLOWING IS SUBMITTED T OF FLORIDA:	O REGISTER A FOREIGN
1. (Nar	ne of Foreign Limited Liab	ility Company; must include "Lim	ited Liability Company," "L.L.C.	.," or "LLC.")
consent of t	navailable, enter alternate na the managers or managing to "L.L.C," "LLC.")	ame adopted for the purpose of trainmembers adopting the alternate has	nsacting business in Florida and a me. The alternate name must inclu	ittach a copy of the written ande "Limited Liability
2. De	/മാഹരും	3.		
(Jurisdici company	tion under the law of which is organized)	foreign limited liability	(FEI number, if applicat	ole)
4. B	113 2003	5	cercetual	
	(Date of Organization		ration: Year limited liability com a or "perpetual")	pany will cease to
6	(Date first	transacted business in Florida, if	prior to registration.)	
	(See section	is 608.501 & 608.502 F.S. to deter	mine penalty liability)	w w
7. <u>2</u> 9	50 Park Ave	enue South, Th	ied Floor	<u> </u>
N	ew York . N	en thek Imma	•	28 E E C
	the terms of	(Street Address of Princ	pal Office)	199 至 19
8. If limit	ted liability company is	s a manager-managed compa	nv. check here	E 2
		,	_	金当 13
9. The na	ime and usual business	addresses of the managing n	nembers or managers are as	follows: 🛒
MGRM	- Michael Armon, 250 Pa	rk Avenue South, Third Floo	r, New York, NY 10003	
				
10. Attache	d is an original certificate of e	existence, no more than 90 days old,	duly authenticated by the official h	aving custody of records in
the jurisdiction	on under the law of which it	is organized. (A photocopy is not as	eceptable. If the certificate is in a fi	oreign languago, a
		the translator must be submitted.)	0.0	- .
11. Natur	re of business or purpos	ses to be conducted or promo	ted in Florida: 100 E6	Acte
<u> </u>	a	0.5		· · · · · · · · · · · · · · · · · · ·
	<u>.</u> ر	Sylam	· · · · · · · · · · · · · · · · · · ·	-
		of a morning or an authorized on 608.408(3), F.S., the execution of the		
	ponalties of perjury that	the facts stated herein are true. I am a	ware that any false information su	ibmitted in a
	document to the Depar	diment of State constitutes a third d	legree felony as provided for in s.	817.155, F.S.)
		Typed or printed name of	of sionee	
		·) has at burness mame of	A CAPTION	

FL057 - 18/05/2010 CT System Unline

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:

2. The name	and the Florida street addre	ess of the registered agent	and office are:
	C T Corporation System		
		(Name)	,
	1200 South Pine Island Road		
	Florida Street A	Address (P.O. Box NOT ACCEP	TABLE)
	Plantation	FL 33324	
		City/State/Zip	
liability comp agent and agr relating to the	any at the place designated in ee to act in this capacity. I fu	n this certificate, I hereby a wither agree to comply with mance of my duties, and I a ent as provided for in Chap	m familiar with and accept the

Filing Fee for Application \$ 100.00 \$ 25.00

Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

FL/157 - IUQI/2010 CT System Outine

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HUDSON REALTY CAPITAL, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3616173 8300

130365481

You may verify this cortificate online at corp.delemare.gov/authwer.shtml

AUTHENTICATION: 0317045

DATE: 03-27-13

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