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#### Foreign Limited Liability Company NIC 5 RENAISSANCE RETIREMENT OWNER LLC

Certificate of Status	0		
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APR 16 2013 J. BRYAN

4/15/2013

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

1. NIC 5 Renaissance Retirement Owner LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")  (If name unaveilable, onter 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."  2. Delaware (Jurisdiction under the law of which foreign limited Hability company is organized)  4. April 5, 2013  5. perpetual (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608,501 & 608,502 F.S. to determine parally liability)  7. c/a FIG LLC, 1345 Avenue of the Americas, New York, New York 10105  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:  NIC 5 Florida Owner LLC, c/o FIG LLC, 1345 Avenue of the Americas, New York, New York, New York, New York, New York 10105  10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having costody of records in the jurisdiction under the law of which it is engenized. (A photocopy is not acceptable. If the certificate is in a fareign language, a translation of the certificate one of the translation of the certificate of or foreign translation of the certificate of or foreign translation of the certificate of or foreign translation of the certificate of conducted or promoted in Florida:  11. Nature of business or purposes to be conducted or promoted in Florida:
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(Jurisdiction under the law of which foreign limited hability (FEI number, if applicable) company is organized)  4. April 5, 2013  5. perpetual (Duration: Year limited Hability company will cease to exist or "perpetual")  6. upon qualification  (Date first transacted business in Florida, if prior to registration.)  (See sections 603.501 & 603.502 F.S. to determine penalty liability)  7c/a FIG LLC, 1345 Avenue of the Americas, New York, New York 10105  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:  NIC 5 Florida Owner LLC, c/a FIG LLC, 1345 Avenue of the Americas, New York, New York, New York 10105  10. Attached is an original critificate 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 oath of the translation must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida:
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• •
Real estate and senior living
Signature of a member or an authorized representative of a member.
(in accordance with accords 609.408(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 falony as provided for in s.817.155, F.S.)  Army Alica, Authorized Person
Typed or printed name of signes

WAS THE STATE OF T

## 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:						
NIC 5 Renai	ssance Retir	rement Owner LLC	·			
If unavailable, the alternate to be used in the state of Florida is:						
2. The name an	d the Florida str	eet address of the registered agent and office are:				
	C T Corporation System					
	<del></del>	(Name)				
		1200 South Pine Island Road				
	Flor	rida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL. 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.

By: Kathy B Widdoes, 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)

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIC 5 RENAISSANCE RETIREMENT OWNER 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 FIFTEENTH DAY OF APRIL, A.D. 2013.

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

31.

DATE: 04-15-13