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| (Red | questor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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SECRETARY OF STATE ALLAHASSEE, FLORID, FILED
2013 APR 17 AM 9: 49

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B. BOSTICK APR **18** 2013

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| 1 | |
|--|-----------------------------------|
| ACCOUNT NO. | : 12000000195 |
| REFERENCE | : 613904 7490443 |
| AUTHORIZATION | : Spulsele man |
| COST LIMIT | : \$ 125.00 |
| ORDER DATE : April 17, 2013 | |
| ORDER TIME : 10:58 AM | |
| ORDER NO. : 613904-005 | |
| CUSTOMER NO: 7490443 | |
| | |
| FOREIGN F | ILINGS |
| NAME: NS/CS HAMMOCK | CREEK, LLC |
| XXXX QUALIFICATION (TYPE: L | ZOI3 APR 1.1 SECRETARY TALLAHASSE |
| PLEASE RETURN THE FOLLOWING AS | PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD ST | |
| CONTACT PERSON: Susie Knight | EXT# 52956 |
| | EXAMINER: |

COVER LETTER

| SUBJECT: T | S/CS Hammock Creek, LL | Name of Limited Liability Company | | |
|-----------------------------------|---|---|--|---|
| The enclosed "A Existence, and | Application by Foreign Limited I check are submitted to register the | Liability Company for Authorization to Transact Business in above referenced foreign limited liability company to tran | i Florida," Certificasact business in Fl | ate of orida |
| Pleaše return al | I correspondence concerning this | s matter to the following: | | |
| | Mark | Name of Person | | |
| | Corporation Service Com | pany | | |
| | | Firm/Company | | |
| | 1201 Hays Street | | ····· | |
| | | Address | | |
| | Tallahassee, FL 32301 | | | |
| | | City/State and Zip Code | SECRETARY TALLAHASSE | 3 |
| | E-mail addres | s: (to be used for future annual report notification) | —— R ET R | 7 |
| For further info | rmation concerning this matter, p | please call: | يس اس | lam Sint |
| · | | at () | AM 9: 49 OF STATE FLORIDA | - |
| | Name of Person | Area Code & Daytime Telephone Number | 9: 4: | *************************************** |
| Divisio Registr P.O. B | ING ADDRESS: on of Corporations ration Section ox 6327' assee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | 5 6 | |

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

| LIMITED LIABILITY COMPANY, TO TRANSACT BUSINESS IN THE S | TATEOF FLORIDA: |
|--|--|
| NS/CS Hammock Creek, LLC | |
| (Name of Foreign Limited Liability Company; must include | e "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 conv. of the written |
| consent of the managers or managing members adopting the alternation | ate name. The alternate name must include "Limited Liability |
| Company," "L.L.C," "LLC.") | |
| Delegyere | |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability) | (FEI number, if applicable) |
| company is organized) | (1 21 number, 11 applicable) |
| 4. April 16, 2013 | Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to |
| (Sure of Superiori) | exist or "perpetual") |
| 6 Upon Filing | |
| (Date first transacted business in Florid | da, if prior to registration.) |
| (See sections 608.501 & 608.502 F.S. to | determine penalty liability) |
| 7 399 Park Ave, 18th Floor | |
| *************************************** | AS 20 |
| New York, New York 10022 | |
| (Street Address of | Principal Office) Principal Office) APR APR |
| 8. If limited liability company is a manager-managed co | · · · · · · · · · · · · · · · · · · · |
| 3. If fillined flability company is a manager-managed co | |
| 9. The name and usual business addresses of the manag | ing members or managers are as follows: |
| | 25 6 C |
| NRFC SUB-REIT CORP. | |
| 200 m 1 A 10.1 m | t- W |
| 399 Park Ave. 18th Floor. | |
| New York New York 10022 | |
| New York, New York 10022 | |
| 0. Attached is an original certificate of existence, no more than 90 day | s old, duly authenticated by the official having custody of records in |
| he jurisdiction under the law of which it is organized. (A photocopy is | |
| ranslation of the certificate under oath of the translator must be submitte | ed.) |
| 1 Natura official and a survey of the survey | Any lawful purpose |
| 1. Nature of business or purposes to be conducted or pr | comoted in Florida: 2mg lawrar purpose. |
| - | |
| 1891 | |
| 77/1/2 | |
| Signature of a member or an author | • |
| (In accordance with section 606.408(3), F.S., the execution | |
| | am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.) |
| Ronald J. L | _ , , |
| | |
| Typed or printed na | mic of vighter |

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 C | ompany is: | |
|--|--|--|
| NS/CS Hammock Creek, LLC | | |
| If unavailable, the alternate to be used i | n the state of Florida is: | |
| 2. The name and the Florida street addi | ress of the registered agent and office are: | AL SE |
| Corporation Service Co | ompany | ARR AS T |
| | (Name) | APR 17 |
| 1201 Hays Street | | Lu |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| Tallahassee | FL 32301 | AH 9: 49 F STATE FLORIDS |
| | 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

Sue G. Knight

(Signature)

Assistant Vice President

\$ 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 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "NS/CS HAMMOCK CREEK, 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 SEVENTEENTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NS/CS HAMMOCK CREEK, LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2013.

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

2013 APR 17 AM 9: 49
SECRETARY OF STATE
TALLAHASSEE ESTATE

5319861 8300

130446026

AUTHENTY CATION: 0364092

DATE: 04-17-13

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