Division of Corporations Electronic Filing Cover Sheet

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,

(((H13000100083 3)))



H13000100083349CO

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 Phone : (850)222-1093

Phone : (850)222-1092 Fax Number : (850)878-5368 MAY - 3 2013 L. SELLED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

13 MAY -2 FM 4: 25 SECRETARY OF STATE

## Foreign Limited Liability Company TARPON POOL I OWNER LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Y-2 AM 10: 51

#### 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 RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	. D. 15 11 2011 201 1 201 1 201
1. Tarpon Pool 1 Owner LLC	ust include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; m	lust include "Limited Liability Company," "L.L.C.," or "LLC.")
	he purpose of transacting business in Florida and attach a copy of the written the atternate name. The alternate name must include "Limited Liability"
Company," "L.L.C," "LLC.")	the attribute trades. The attribute liquid hims defede Divines Maniell.
• •	
Delaware     (Jurisdiction under the law of which foreign limited li	ability (PEI number, if applicable)
company is organized)	abunty (PET flumoer, if applicative)
4. 5/1/2013	5. Perpotual
(Date of Organization)	(Duration: Year limited liability company will cease to
• •	exist or "perpetual")
6.	
(Date first transacted busine	ss in Florida, if prior to registration.) .502 F.S. to determine penalty liability)
250 Park Avenue South, Third Floor, New York, N	
7. 250 Park Avenue Soliti, Inite Floor, New York, NY	1 (000)
(Street A	Address of Principal Office)
O tolinia di bilita	d
8. If limited liability company is a manager-ma	anaged company, check here
9. The name and usual business addresses of the	he managing members or managers are as follows:
N. 1110 Hallis min noun Abouton protesses of a	or managering managering and managering mana
	than 90 days old, duly authenticated by the official having custody of records in
	shotocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator mus	t be submitted.)
11. Nature of business or purposes to be condu	acted or promoted in Florida. General Real Estate
	07
S Charles	ALL:
	r an authorized representative of a member.
	tine execution of this occument constitutes an still matter under the state of the
	institutes a third degree felony as provided for in s.817.155, F.S.)
Siobhan Griffin, Authorized S	
Typed or	printed name of signee
•	© →

FL057 - 10/03/2010 CT System Online

.;

1. The name of the Limited Liability Company is:

### 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.

Tarpon Poo	I I Owner LLC	
If unavaila	able, the alternate to be used	in the state of Florida is:
2. The nar	me and the Florida street ad	dress of the registered agent and office are:
	C T Corporation System	
		(Name)
	1200 South Pine Island Ro	ed .
	Plorida Stre	ct Address (P.O. Box NOT ACCEPTABLE)
	Plantation	FL 33324
		City/State/Zip
liability con agent and c relating to	mpany at the place designate agree to act in this capacity. the proper and complete per	
	"Medad	Michael Malkowski (Signature)  Michael Malkowski Vice President
	\$ 2 \$ 3	20.00 Filing Fee for Application 25.00 Designation of Registered Agent 25.00 Certified Copy (optional) 25.00 Certificate of Status (optional)

# Delaware

PAGE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TARPON POOL I 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 SECOND DAY OF MAY, A.D. 2013.

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

5327767 8300

130510774
You may verify this cartificate online at corp. deleware.gov/authwer.ehtml

AUTHENTICATION: 040

DATE: 05-02-13