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ION SERVICE COMPANY	·.				
	ACCOUNT NO.	:	1200000001	.95	
	REFERENCE	:	788379	5138497	
	AUTHORIZATION	:	and the second	Elenan	,
	COST LIMIT	:	\$ 125.00	Children .	
ORDER DATE :	September 5, 201	3			
ORDER TIME :	2:50 PM				
ORDER NO. :	788379-010				
CUSTOMER NO:	5138497				
	FOREIGN F	ILI:	<u>NGS</u>		
NAME:	FUND IX - BLU	E L	AGOON LLC		
XXXX QUALIFIC	CATION (TYPE: L.	[교)		•	·
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:	SECTION SECTION
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CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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: Fund IX - Blue Lagoon 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.") 2 DE 45-0668798 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 9-5-2013 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) c/o TA Realty LLC 28 State, Street, 10th Floor Boston, MA 02109 (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: The Realty Associates Fund IX, LP 28 State Street, 10th Floor Boston, MA 02109 10. Attached is an original certificate 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 translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: to hold real property.

Scott L. Dalrymple

Typed or printed name of signee

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.)

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.

I. The name of	of the Limited Liability Lagoon LLC	Company is:	·	
If unavailable,	the alternate to be used	d in the state of Florida is:		
2. The name a	and the Florida street ac	ldress of the registered agent and office are:		
	Corporation Service C	ompany	. ****	
	3	(Name)	A SECOND	
	1201 Hays Street		SEP - SEP	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
•	Tallahassee	FL32301	AN IO	
		City/State/Zip	ATE ATE	

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

Assistant Vice President

(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 "FUND IX - BLUE LAGOON 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 FIFTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUND IX - BLUE LAGOON LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2013.

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

5394090 8300

131058109

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 0713838

DATE: 09-05-13

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