Division of Corporations **Electronic Filing Cover Sheet**

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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. ** 3

Email Address:

Foreign Limited Liability Company Spirit Master Funding VII, LLC

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DEC 1 2 2013

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CR2B027 (9/10)	COV	ER LETTER			
TO: Registration Section Division of Corporation	ns				
SUBJECT: Spirit Master Fund					
	Name of Lin	nited Liability Company			
The enclosed "Application by Fo Existence, and check are submit					
Picase return all correspondence	concerning this matter to the	e following:			
	N	ame of Person	- in/a		
	Fi	irm/Company		ar at	
				25	M13
		Address			DEC
	City/S	tate and Zip Code			7109
				11 TO	
CTARTeam@y	kglobal.com E-mail address: (to be use	d for future annual report not	fication)	2354	Ē.
For further information concerns	•		,		e t
Name	of Person Are	at () a Code & Daytime Telephone	e Number		
MAILING ADDRESS	stre	ET ADDRESS:			
Division of Corporation		on of Corporations			
Registration Section		ration Section Building			
P.O. Box 6327 Tallahassee, FL 32314		Executive Center Circle			
1 ements2001 LF 75214		assoc, PL 32301			
Enclosed is a check for the					
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	of Status & Certified		

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 STATE OF FLORIDA:	
Spirit Master Funding VII, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LL	c.'')
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Company," "L.L.C," "LLC.")	ppy of the written ted Liability
2. Delsware 3. 20-1676382	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 12/03/2013 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to
6. Upon Qualification	12 to 12
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 16767 No. Perimeter Drive, Suite 210, Scottsdale, AZ 85260	<u> </u>
(Street Address of Principal Office)	T.
8. If limited liability company is a manager-managed company, check here	# 5
9. The name and usual business addresses of the managing members or managers are as follows	~ ****
Spirit SPE Manager, LLC , 16767 No. Perimeter Drive, Suite 210, Scottsdale, 85260	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having or the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign k translation of the certificate under each of the translator must be submitted.)	istody of records in inguage, a
11. Nature of business or purposes to be conducted or promoted in Florida:	
Real estate investment	
6. Grows	.
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 a penalties of perjury that the facts stated herein are true. I am aware that any false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155,	in a
Joni G. Barrett	

Typed or printed name of signee

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:	
Spirit Master Funding VII, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	
(Name)	
1200 South Pine Island Road	10.5
Florida Street Address (P.O. Box NOT ACCEPTABLE)	224
Plantation FL 33324	SE GR
City/State/Zip	5
	<u></u>
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate. I hereby accept the appointment at registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, Flor Statutes. CT Corporation System By: Commun Bystem	s us of all
C T Corporation System CONTINUE OF YOUR	1:
By: Comic Bry Assistant Decicion	X ₁
(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

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SPIRIT MASTER FUNDING VII, 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 TENTH DAY OF DECEMBER, A.D. 2013.

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

5442233 8300

131405595

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

AUTHENTY CATION: 0966905

DATE: 12-10-13