Florida Department of State

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.

(((H13000272419 3)))



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

: (850)222-1092

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for fullyre annual report mailings. Enter only one email address please. Email Address:

Foreign Limited Liability Company LSOP 3 FL 2, LLC

DEC 12

Certificate of Status Certified Copy 05 Page Count \$160.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

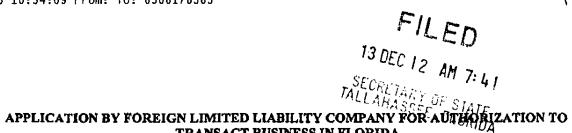
12/12/2013

CR2E027 (9/10) COVER LETTER								
	stration Section Sion of Corporations							
LSOP 3 FL 2, LLC SUBJECT:								
		Name of Limited Liability Comp	pany					
The enclosed Existence, and	*Application by Foreign Limited L i check are submitted to register the	iability Company for Authorizate above referenced foreign limite	ion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:								
Barry P. Marcus								
		Name of Person	· · · · · · · · · · · · · · · · · · ·					
	Greenfield Partners, LLC							
		Flrm/Company						
	2 Post Road West							
Address								
,	Westport, CT 06880							
City/State and Zip Code								
marcusb@greenfieldpartners.com								
E-mail address: (to be used for future annual report notification)								
For further int	formation concerning this metter, p	lease call:						
Barry P. Marcus		203 at (354-5022					
	Name of Person	Area Code & Daytime	Glephone Number					
Divis Regis P.O.	LING ADDRESS: ition of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ	ria.					
Tallabarra St. 2001								

Enclosed is a check for the following amount:

\$\Begin{array}{c} \preceq \text{\$125.00 Filing Fee} & \Begin{array}{c} \preceq \text{\$130.00 Filing Fee} & \Begin{array}{c} \Begin{array}{c} \preceq \text{\$135.00 Filing Fee} & \Begin{array}{c} \Begin{array}{c} \preceq \text{\$160.00 Filing Fee}, Certificate \\ \text{Certified Copy} & \text{of Status & Certified Copy} \end{array}\$

į



TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA-

(Name of Foreign Limited Liability Company	y; must include "Limited Liability Company," "L.L.C.," or "LLC.")
f name unavailable, enter alternate name adopted for seasent of the managers or managing members adoptompany," "L.L.C," "LLC.")	or the purpose of transacting business in Florida and attach a copy of the writte sting the alternate name. The alternate name must include "Limited Liability
Delaware	3. N/A
(Jurisdiction under the law of which foreign limite company is organized)	ed liability (FEI number, if applicable)
12/6/13	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
N/A	
(Date first transacted by (See sections 608.501 &	usiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)
5 Post Road West	
Westport, CT 06880	
(Str	reet Address of Principal Office)
If limited liability company is a manager	r-managed company, check here
The name and usual business addresses	of the managing members or managers are as follows:
	more than 90 days old, duly authenticated by the official having custody of recor
e jurisdiction under the law of which it is organized. restation of the certificate under oath of the translato	. (A photocopy is not acceptable. If the certificate is in a foreign language, a rmust be submitted.)
. Nature of business or purposes to be co	onducted or promoted in Plorida: Own real property
Br	
Signature of a memb	er 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
	d herein are true. I are aware that any false information submitted in a te constitutes a third degree felony as provided for in s.817.155, F.S.)

Barry P. Marcus, Senior Vica President and Secretary

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.

LSOP 3 FL 2, 1		Liability Company is:				
If unavailable	, the alternate to	o be used in the state of F	lorida is:			
2. The name :	and the Florida	street address of the regi	stered agent and of	fice are:		
	C T Corporation System					
	(Namo)					
	1200 South Pine Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plantation	F	33324			
		City/Su	Me/Zip			
liability compo registered age statutes relativ	any at the place nt and agree to ng to the proper	designated in this certific	ate, I hereby accepther agree to comp ther agree to comp te of my duties, and that provided for it	ly with the provisions of all I I am familiar with and n Chapter 608, Florida		
	_	C T Corporation System	Connie	e Enjon		
	By: Com	(Signature)	- Assistant	Sere City		
			ee for Application			

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSOP 3 FL 2, 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 ELEVENTH DAY OF DECEMBER, A.D. 2013.

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

5443010 8300

131413230

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

jeffrey W. Buflock, Secretary of State

DATE: 12-11-13