Florida Department of State

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Foreign Limited Liability Company LSOP 3C IV, LLC

Certificate of Status	0
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Corporate Filing Menu

dole of submission

CR25927 (9/10)				
COVERLETTER				
TO: Registration Section Division of Corporations				
LSOP 3C IV, LLC				
Name of Limited Liability Company				
The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Berry P. Mercue				
Namo of Person				
Greenfield Partners, LLC				
Pirm/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 information concerning this matter, please call;				
Barry P. Marcus 203 354-5022				
Name of Person Area Code & Daytima Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301				
Bnolosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc				

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: LSOP 3C IV, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, anter 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 12/12/13 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) N/A (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. Post Road West Westport, CT 06880 (Street Address of Principal Office) HH: 8. If timited 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: 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.) Own real property 11. Nature of business or purposes to be conducted or promoted in Florida: 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 follows as provided for in s.817.155, F.S.)

Typed or printed name of signee

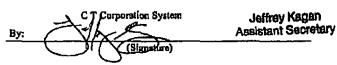
Barry P. Marcus, Senior Vice President and Secretary

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 Liabi	lity Company is:		
1.50P 3C IV, LLC				
If unavailable, ti	he alternate to be	used in the state of Florida is:		
2. The name an	d the Florida stree	et address of the registered agent and office are:		
		C T Corporation System		
		(Namo)		
		1200 South Pine Island Road		
	Florid	a Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	PL 33324		
		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.



\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent 30.00 Certified Copy (optional) Certificate of Status (optional)

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LSOP 3C IV, 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 DECEMBER, A.D. 2013.

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

5448401 8300

131435223

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

Jeffrey W. Bullock, Secretary of State

DATE: 12-17-13