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ON SERVICE COMPANY					
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	SFI TAMPA MAR		PTC		
PLEASE RETURN T	THE FOLLOWING AS	PR	OOF OF FILE	ING:	
XX PLAIN S CERTIFI		AND	ING		
CONTACT PERSON	Susie Knight	- - :	EXT# 52956		

EXAMINER:

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: SFI Tampa Marina LLC

Name of Limited Liability Company

The enclosed "Application by Foreign 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:

Name of Person	
iStar Financial Inc.	
Firm/Company	
One Sansome Street, 30FL	
Address	
San Francisco, CA 94104	
City/State and Zip Code	
shurinova@istarfinancial.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

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263-8643

Name of Contact Person

Area Code

Daytime 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, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SFI Tampa Marina LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	
	· •	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	must include	"Limited
Delaware		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable company is organized)	5	
4. (Date first transacted business in Florida, if prior to registration.)		
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	•	r~.3
ç/o iStar Financial Inc.	- 17	
1114 Avenue of the Americas, 39th Floor, New York, NY	10036	<u>FB</u>
(Street Address of Principal Office)	,	Ç.)
same as above	• 1	23
)	ှ
(Mailing Address)	2.5	
7. The name, title or capacity and address of the person(s) who has/have authority to mana	oe is/are:	
Star Financial Inc., member		
1114 Avenue of the Americas, 39th FL, New York, NY 10036		
	,	
3. Attached is an original certificate of existence, no more than 90 days old, duly authentical	•	
aving custody of records in the jurisdiction under the law of which it is organized. (A phot cceptable. If the certificate is in a foreign language, a translation of the certificate under oa		
nust be submitted)	in or the t	ansiaio
Way Round		
Signature of an authorized person		
n accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that maware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for		

Mary-Beth C. Roselle, authorized person

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Co SFI Tampa Marina LLC	• •	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
Corporation S	ervice Company	1, 2
	(Name)	
1201 Hays Street		-
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	32301	<u> </u>
	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 605, Florida Statutes.

Sue G. Knight
Assistant Vice President
(Signifure)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SFI TAMPA MARINA 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 TWELFTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFI TAMPA MARINA LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2014.

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

5480776 8300

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Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1131340

DATE: 02-12-14

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